New Zealand Police
TASER Reintroduction Period Research Report

1 March 2009 to 21 March 2010

Tactical Options Research Team

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Nga Pirihimana O Aotearoa

Contents

List of tables

Key findings

Background

New Zealand Police first operationalised TASER in a one year trial conducted from 1 September 2006 to 31 August 2007 in the Auckland, Waitematā, Counties Manukau and Wellington Police districts. Following the success of the TASER trial, on 1 March 2009 TASER was reintroduced to the Auckland, Waitematā, Counties Manukau and Wellington Police districts. This research report analyses and monitors TASER deployment by New Zealand Police during the TASER reintroduction period, from 1 March 2009 to 21 March 2010, in these four Police districts.

The purpose of the research is three-fold: to provide internal and public accountability for TASER deployment by New Zealand Police during the TASER reintroduction period; to compare TASER deployment during the TASER reintroduction period to the earlier TASER trial; and to assist evidence-based decision making to improve TASER training, policy and practice, and staff and public safety.

Tactical Options Reporting (TOR) events

A Tactical Options Reporting (TOR) event is the reportable use of one or more tactical options, by one officer, against one individual. TASER TOR event data is presented by 'highest mode of deployment' ie, the highest mode of use is reported. Modes of TASER deployment are: deholstering (when the TASER is removed from its holster but is not shown or discharged); shows (presentation, laser painting or arcing); and discharges (discharge with probes and/or contact stun). While TASER deholsterings were not mandatory to report during the TASER reintroduction period, some officers chose to report them. Thus, in this report, deholsterings are incorporated in TASER show data.

TASER deployment during the reintroduction period

- During the TASER reintroduction period there were 2,008 Tactical Options Reporting (TOR) events reported in the four Police districts, comprising approximately 0.2% of face to face contacts between police and the public in these districts.
- During the TASER reintroduction period, there were 162 reported TOR events where TASER was deployed against a person; an average of 12 TASER events per month.
- The show to discharge ratio during the reintroduction period was 11:1; that is, for every 11 shows of TASER there was one TASER discharge.
- In 91% (n=148) of the reintroduction period TASER events, the highest mode of deployment was a TASER show.
- In 9% (n=14) of the reintroduction period TASER events, the highest mode of deployment was a TASER discharge.
- Counties/Manukau (19%; n = 30) and Auckland City (20% n = 32) districts reported the lowest number of TASER TOR events during the reintroduction period.
- Wellington (36%; n = 58) and Waitemata (25%; n = 41) districts reported the highest number of TASER events during the reintroduction period.

- There were one or fewer TASER events per 10,000 population in each of the four Police districts.
- There was an average of 16 TASER events per 10,000 Police apprehensions across the four Police districts.
- The most common incident types where TASER was deployed were domestic dispute (35%; n = 57), arrests (14%; n = 23), attempted suicides (14%; n = 22), and mental health (12%; n = 20) incidents.
- The most common incident location for TASER events was residential property (71%; n = 115), followed by street/highway/motorway (18%; n = 29), and public places (7%; n = 12).
- All TASER discharge events were effectively resolved, with the person being controlled (86%; n = 12) or cooperative/compliant (14%; n = 2).
- Eighty percent (n = 115) of TASER show events were effectively resolved, with the person being cooperative/compliant (55%; n = 81) or controlled (25%; n = 37).
- The most common resolution type at TASER events was that the person was arrested and charged, with 68% (n = 110) of resolutions resulting in this outcome.

People involved in reintroduction period TASER TOR events

- Nearly half (48%; n = 77) of the people involved in TASER events had used alcohol and/or other drugs, in that such substance use was evident or suspected.
- Violent behaviour featured in over half (57%; n = 92) of the 162 TASER events, and alcohol affected people in 46% (n = 75).
- In 37% (n = 60) of TASER events the victim/complainant/other person were threatened (with or without a weapon), while in 37% (n = 60) of events, officers were confronted by threatening and/or abusive behaviours.
- Weapons were present in just over half (52%; n = 84) of TASER events, most commonly (35%; n = 57) a cutting/stabbing weapon.
- Despite weapons being present in just over half of all TASER events, most of these events were successfully de-escalated by police without TASER being discharged.
- In a fifth (21%; n = 34) of TASER events there was violence (with or without a weapon) towards non-police, while in 19% (n = 31) of events, police were threatened with a weapon(s).
- **Note:** a TASER event may be characterised by one or more of the above behaviours, as one or more of these behaviours may be displayed by a person at an event.
- Nearly a quarter (22%; n = 36) of TASER events were reported as involving people experiencing mental health issues.

- TASER was deployed in only 0.8% of all mental health incidents recorded by police during the reintroduction period; and was discharged in only 0.1% of all mental health incidents recorded by police during this period.

- Nineteen percent (19%; n = 31) of TASER events were reported as involving people experiencing suicidal behaviour.

- TASER was deployed in only 0.9% of attempted suicide incidents recorded by police during the reintroduction period; and was discharged in only 0.1% of attempted suicide incidents recorded by police during this period.

- The vast majority (93%; n = 150) of people involved in reintroduction period TASER events were males, with only 7% (n= 12) involving females.

- There were 18 TASER events per 10,000 male apprehensions, and six TASER events per 10,000 female apprehensions.

- The 14 to 16 and 17 to 20 year old age groups had the lowest rate of TASER events per 10,000 apprehensions, at nine and 10 respectively.

- The 31 to 40 year old age group had the highest number of TASER events per 10,000 apprehensions, at 25.

- The number of TASER events per 10,000 apprehensions, by ethnicity, was similar for Pacific (n = 18), European (n = 17), and Maori (n = 16) peoples.

Injuries at reintroduction period TASER TOR events

- In 57% (n = 8) of the 14 TASER discharge events, eight people received minor probe wound injuries as a result of the TASER discharge.

- In all of the 14 TASER discharge events, the people who had TASER discharged against them were either seen by a Police Medical Officer (PMO), ambulance staff, or were sent to hospital. One person refused any medical treatment.

- In the vast majority of TASER events (96%; n = 156) officers did not report sustaining any injuries.

- The six events where officers did sustain injuries were TASER show events, with all of the injuries sustained of minor severity.

TASER deployment during the reintroduction period compared with the TASER trial

- The show to discharge ratio during the TASER reintroduction period was 11:1; while the show to discharge ratio during the TASER trial was 6:1.

- Thus, relative to TASER shows, officers used TASER discharge considerably less during the TASER reintroduction period than during the TASER trial.

- During the TASER reintroduction period, TASER discharge was the highest mode of deployment in 9% (n = 14) of the 162 TASER TOR events; and in two of these events the TASER was discharged twice at the person.

- During the TASER trial, TASER discharge was the highest mode of deployment in 15% (n = 19) of the 127 TASER TOR events; and in ten of these events the TASER was discharged at least twice at the person.

- Thus, TASER discharge and multiple TASER discharges were used less frequently during the TASER reintroduction period (14 and two events, respectively) than they were during the TASER trial (19 and 10 events, respectively).

1 Introduction

1.1 Purpose of the research

This research report analyses and monitors TASER deployment by New Zealand Police during the TASER reintroduction period, from 1 March 2009 to 21 March 2010. It is part of an ongoing series of TASER publications focusing on TASER deployment and outcomes, the demographics and behaviours of people involved in TASER Tactical Options Reporting (TOR) events, and injuries sustained by police and the public at TASER events.

The purpose of the research is three-fold: to provide internal and public accountability for TASER deployment by New Zealand Police during the TASER reintroduction period; to compare TASER deployment during the TASER reintroduction period to the earlier TASER trial; and to assist evidence-based decision making to improve TASER training, policy and practice, and staff and public safety.

This report does not examine whether TASER deployment was justified in accordance with law and Police policy, as such determinations cannot be made on the basis of TOR data alone. And, any such investigations are undertaken by the Police Professional Standards Group and/or the courts.

Appendix 1 outlines the methodological approach utilised for this report. It describes Tactical Options Reporting (TOR) data, TOR events, and TASER TOR data recorded in the TOR database. It examines how TOR data was analysed for this report, including by TOR events and Police apprehensions. It also outlines the limitations of the research and TOR data. New Zealand Police strongly advises readers and users of the data in this report to take the limitations of this research into consideration.

1.2 Background

1.2.1 Background to the introduction of TASER by New Zealand Police

New Zealand Police first operationalised TASER in a one year trial conducted from 1 September 2006 to 31 August 2007 in the Auckland, Waitematā, Counties Manukau and Wellington Police districts. Prior to the TASER trial, two notable New Zealand Police reports had observed the potential value of TASER as a tactical option for police in situations that may require the use of force.

The first report was the 2001 Marshall Shuey report, *A Strategic Evaluation of the New Zealand Police Position Concerning the Use of Force When Responding to Potentially Violent Situations*. Co-authored by the now Commissioner of Police, Peter Marshall, the report commented that less lethal options have a very valuable place in New Zealand Police's immediate and strategic direction. It noted:

> "...of particular note and interest is the potential for consideration of the 'TASER'... Extensive testing and widespread implementation has been undertaken in Europe, Canada and the United States. Police in Western Australia and Tasmania already have operational deployment of this resource and Victoria has established an Expert Group under Government direction to examine its potential" (Marshall and Shuey, 2001: 23).

The second report, *Project Lincoln – A Review of Less Lethal Weapons and Related Issues*, was instigated by the then Commissioner of Police, Robbie Robinson, following the fatal shooting of Steven Wallace by police in 2000. The aim of the Project Lincoln review was:

> "To examine the current range of less lethal weapons used by the New Zealand Police, appraise international trends in these areas, and establish whether any additions, alternatives or amendments need to be made" (Matthews, 2003).

The Project Lincoln report examined a range of less lethal weapons for managing violent people, with the aim of ensuring that New Zealand Police equipment and tactics are the most effective, and least likely to endanger the safety of police and the public. The report made a variety of recommendations on less lethal weapons options for the New Zealand policing environment to the then Board of Commissioners.

A key recommendation was that TASER is potentially a suitable less lethal weapon option for New Zealand Police. The report concluded that "overall, the TASER offers considerable advantages to the frontline officer as a personal less lethal weapon option" (Matthews, 2003: 90).

1.2.2 The New Zealand Police TASER Trial – 1 September 2006 to 31 August 2007

Following this work, in December 2005 a 12 month operational trial of the X26 TASER was approved by the then Commissioner of Police Howard Broad. The TASER trial was conducted from 1 September 2006 to 31 August 2007 in the Auckland, Waitematā, Counties Manukau and Wellington police districts.

These districts were selected for the trial based on an analysis of workload statistics and Armed Offenders Squad (AOS) call outs. There were 32 TASERs available for use across the four districts: nine in Auckland City District, four in Waitematā District, four in Counties Manukau District, and 15 in Wellington District. Excluding instructors, 295 General Duties Branch (GDB), Armed Offenders Squad (AOS) and Special Tactics Group (STG) officers were trained to use TASER for the TASER trial.

During the trial, TASER was reported as being deployed in 128 Tactical Options Reporting (TOR) events. This included a TASER discharge against a dog, which was excluded from the analysis. In the vast majority - 95 of the remaining 127 (75%) TOR events - the TASER was deployed in show mode (presentation, laser painting, and/or arcing) only. In 19 of the 127 (15%) events, the TASER was deployed in discharge mode (discharge with probes and/or contact stun). In discharge mode, discharge with probes occurred at 14 events, contact stun at two events, while a combination of discharge with probes and contact stun was used in three events. In the remaining 13 of the 127 (10%) events, the TASER was deholstered as a precautionary measure only, and was not shown or discharged at a person.

Pending the results of the TASER trial evaluation, TASER was withdrawn as a tactical option for the Auckland, Waitematā, Counties Manukau and Wellington Police districts on 1 September 2007.

The TASER trial evaluation concluded that, on balance, the trial of TASER appears to have been successful. It found that the use of the TASER, most commonly in show mode only, was sufficient to bring a person's threatening and/or violent behaviour

under control, and to de-escalate the situation in the majority of incidents. Injuries to the public and police were only minor, despite the serious circumstances of incidents.[1]

1.3 The New Zealand Police TASER reintroduction period – 1 March 2009 to 21 March 2010

Following the success of the TASER trial, on 28 August 2008, then Commissioner Howard Broad announced that TASER would be reintroduced to the same four Police districts where the operational trial was conducted. The Commissioner also announced that he would look to secure funding for the national roll-out of TASERs across all districts in the 2009/2010 year.

The TASER reintroduction period began on 1 December 2008 and ended on 21 March 2010. For the three month period from 1 December 2008 to 28 February 2009, TASER was only available to Armed Offenders Squad (AOS) officers in Auckland, Waitematā, Counties Manukau and Wellington Police districts. For the 13 month period from 1 March 2009 to 21 March 2010, TASER was also available to frontline General Duties Branch (GDB) officers in the same four police districts. The three AOS TASER TOR events in the 1 December 2008 to 28 February 2009 period are excluded from the main analysis in this report, as General Duties Branch (GDB) officers did not have TASER available to them over this period. However, these AOS TASER events are described in section 2.1.

As with the TASER trial, 32 TASERs were available for use across the four trial districts: nine in Auckland City District, four in Waitematā District, four in Counties Manukau District, and 15 in Wellington District. Excluding instructors, 300 GDB and 16 AOS officers were trained to use TASER for the TASER reintroduction period.

1.4 Structure of the report

Chapter Two examines reported TASER deployment during the reintroduction period, including by highest mode of deployment, deployment warnings, Police district, Police area, per 10,000 population, per 10,000 Police apprehensions, Police role, incident types, and incident locations. It also explores the outcomes of TASER TOR events, including the effect of officer communication at these events.

Chapter Three analyses reported characteristics of people (excluding Police) involved in reintroduction period TASER TOR events. It examines alcohol and other drug use by people involved in TASER TOR events, factors relevant to the event, including suicidal behaviour and mental illness, other behaviours, and the possession and use of weapons by people involved in TASER TOR events. It also examines TASER TOR events by sex, age and ethnicity. Finally, it outlines TASER deployment on animals during the TASER reintroduction period.

Chapter Four examines Tactical Options Reporting (TOR) database injury classifications, reported injuries sustained by officers and members of the public involved in TASER TOR events, and medical attention received.

Chapter Five, the conclusion, summarises key themes from the TASER reintroduction period, and outlines ongoing work by the Tactical Options Research Team to monitor TASER deployment.

Appendix 1 examines the methodological approach used for this report. Appendix 2 summarises the legal authority to use force, TASER training and policy, and TASER carriage and deployment instructions during the TASER reintroduction period. Appendix

3 outlines the TASER monitoring and accountability during the TASER reintroduction period. Appendix 4 attaches the New Zealand Police Electro muscular incapacitation devices (TASER) policy (to 30 March 2010). Finally, Appendix 5 outlines the TASER Medical Advisory Group (MAG) roles and responsibilities.

[1] For more information about the TASER trial, see the New Zealand Police (2008) 'Operational Evaluation of the New Zealand TASER trial' at www.police.govt.nz.

2 TASER deployment during the TASER reintroduction period

This chapter examines reported TASER deployment during the TASER reintroduction period, including by highest mode of deployment, Police district, per 10,000 Police apprehensions, and incident type. It also explores the outcomes of TASER Tactical Options Reporting (TOR) events, including the effect of officer communication at these events. See Appendix 1, section A 1.3 for information about TOR events, and Appendix 1, section A 1.4.1 for information about TASER highest mode of deployment.

2.1 TASER TOR events by highest mode of deployment

In New Zealand and other Western democracies, the vast majority of police-public interactions are resolved by officer communication and public cooperation. The use of force by police during police-public contacts is rare. For example, research based on the United States Police-Public Contact Survey indicates that of the estimated 40 million people who had face to face contact with police during 2008, 1.4% had force threatened or used against them (Eith, C. and Durose, M., 2011).

During the 13 month TASER reintroduction period from 1 March 2009 to the 21 March 2010, there were 2,008 Tactical Options Reporting (TOR) events reported in the Auckland, Waitematā, Counties Manukau and Wellington Police districts. These 2,008 TOR events comprise approximately 0.2% of face to face contacts between police and the public in these districts.[1] Thus, a very small proportion of face to face contacts between police and the public resulted in the reported use of force during the TASER reintroduction period.

Of the 2,008 TOR events in the four Police districts during the TASER reintroduction period, Table 1 shows that there were 162 reported TOR events where TASER was deployed against a person – 8% of all TOR events in these districts. These 162 TASER events equate to an average of 12 TASER TOR events per month in these districts, up slightly from the average of 11 TASER TOR events per month during the 12 month TASER trial.

Table 1: Highest mode of TASER deployment

	n	%
Shows		
Deholster	11	7
Presentation	21	13
Laser painting	115	71
Arcing	1	1
	148	
Discharges		
Discharge with probes	12	7
Contact stun	2	1
	14	
Total	**162**	**100**

'n' = the number of TASER TOR events

The show to discharge ratio during the TASER reintroduction period was 11:1; that is, for every 11 shows of TASER there was one TASER discharge. The show to discharge ratio during the TASER trial was 6:1.[2]

Thus, relative to TASER shows, officers used TASER discharge considerably less during the TASER reintroduction period than during the TASER trial.

Armed Offenders Squad (AOS) TASER TOR events from 1 December 2008 to the 28 February 2009 have been excluded from the main analysis in this report, as General Duties Branch (GDB) officers did not have TASER available to them over this period. However, from 1 December 2008 to the 28 February 2009, the AOS reported deploying TASER at three TOR events, two in Wellington district and one in Counties Manukau district. In all three events, laser painting was the highest mode of TASER deployment.

2.1.1 TASER TOR show events

The vast majority of TASER events during the reintroduction period were TASER shows. Indeed, Table 1 shows that in 91% (n=148) of reintroduction period TASER TOR events, the highest mode of deployment was a TASER show. These 148 TASER show events mainly comprised laser paintings (n=115); followed by presentations (n = 21) and deholsterings (n = 11). Arcing was rarely used, with only 1 such event during the TASER reintroduction period. Note that for TASER TOR show events, the highest mode of TASER deployment is described in this report (see Appendix 1, section A 1.4.1 for further detail).

This data illustrates that in the vast majority of incidents, a TASER show was sufficient to assist officers to safely de-escalate the incident, without recourse to TASER discharge.

2.1.2 TASER TOR discharge events

A minority of reintroduction period TASER events involved TASER discharge. Indeed, Table 1 shows that TASER discharge was the highest mode of deployment in 9% (n = 14) of TASER TOR events during the reintroduction period. In all of these 14 events the TASER was shown first, before being discharged. The 14 TASER discharge events were predominantly discharge with probes (n = 12), with the minority (n =2) being contact stun deployments. In two of the twelve reintroduction period events where TASER was discharged with probes, the TASER was discharged twice at the person (see section 2.1.4 for detail on these events).

In comparison, during the TASER trial, in eight of the 19 TASER discharge events TASER was discharged with probes once only, while in six of the TASER discharge events the TASER was discharged twice. In another two events, contact stun was used – once at one event and twice at the other event. In the remaining three TASER trial discharge events, the TASER was deployed in discharge with probes and contact stun mode. One of these events involved one discharge with probes and one contact stun; another involved two discharges with probes and one contact stun; while the remaining event involved three discharges with probes and two contact stuns.

Thus, TASER discharge and multiple TASER discharges were used less frequently during the TASER reintroduction period (14 and two events, respectively) than they were during the TASER trial (19 and ten events, respectively).

2.1.3 Characteristics of TASER TOR discharge with probe events

All of the TASER discharge events during the TASER reintroduction period were characterised by violence and/or the threat of violence. In nine of the 14 TASER reintroduction period discharge events, the people involved were armed with a weapon or weapons. In six of these events, the person was armed with a stabbing/cutting weapon only, most commonly a knife. In the seventh event the person was armed with a stabbing and cutting weapon and a bludgeoning weapon (a wheel brace). In the eighth event the person was armed with a bludgeoning weapon (a pool cue). And, in the ninth event, the person was armed with an imitation firearm and a knife.

In another two of the 14 events the person had previously been armed with a weapon, which they had used against another person. In one of these events the weapon was a screwdriver, in the other it was an axe.

In the remaining three TASER discharge events, no weapon was involved, although in one of these events the offender had threatened to shoot a victim/informant, and assaulted victims/informants and a police officer. The remaining two events, which involved contact stun deployments, are described in section 2.1.5 below.

2.1.4 Characteristics of multiple discharge TASER TOR events

In New Zealand and internationally, public interest in TASER has included a focus on unjustified and/or excessive use of TASER by police, including the use of multiple TASER discharges (Campaign Against the TASER, 2007; Amnesty International, 2006, 2007; Ryan, 2008; Braidwood Commission, 2009). As noted in section 2.1.2, there were two TASER reintroduction period events where TASER was discharged with probes twice at the person. And, multiple TASER discharges were used considerably less frequently during the TASER reintroduction period than they were during the TASER trial.

Both of the multiple TASER discharge events were attempted suicide (1X) incidents, where the men involved had cut/stabbed themselves, still had the knife in their hands, and refused to put it down when instructed to by police. In one of these events police were able to laser paint the man first; however, this had no effect, and TASER was discharged against him using two trigger pulls. In the other event, the man had also swallowed large numbers of pills, and twice advanced at an officer who approached him with a knife. TASER was discharged against him twice, to enable him to be restrained and removed from reach of the knife. Following TASER discharge, both men were given immediate medical attention by ambulance staff before being taken to hospital to receive treatment for their self-inflicted injuries.

Police TASER policy (see Appendix 4) notes that multiple and/or extended discharges should be avoided, and that any discharge must be reasonable, proportionate and necessary in the circumstances. During the TASER reintroduction period, multiple TASER discharges comprised a very small minority (n = 2, 1%) of TASER events. In both of these events the officer discharged the TASER twice, assessing that after the first TASER discharge the person was still a threat to themselves and police.

2.1.5 Characteristics of TASER TOR contact stun events

Public interest in TASER has also included a focus on the use of contact stuns (known as drive stuns in some jurisdictions). The two contact stun TASER TOR events during the TASER reintroduction period occurred at the same incident and involved a group of gang members at a gang premise. Police had attended the address to assist Duly Authorised

Officers (DAOs), who were there to assess someone at the address (this person was not one of the two people who were contact stunned).

Both of the TASER reintroduction period contact stun events were characterised by violence. In one event, a man thought to be under the influence of methamphetamine attempted to punch an officer in the face, and spat at and kicked two other officers who tried to restrain him. During the struggle, a third officer contact stunned the man on two separate occasions. In the other event at the same incident, another man who was struggling violently with two other officers was contact stunned once by another officer. Communication was reported as having no effect on either man, both of whom did not respond to instructions given by police.

Contact stun was used at five TASER TOR events during the TASER trial (see section 2.1.2). Thus, there were fewer contact stun events during the TASER reintroduction period than there were during the TASER trial.

Police TASER policy (see Appendix 4) notes that subsequent applications of a contact stun should be avoided, and if unavoidable, must be reasonable, proportionate and necessary in the circumstances. During the TASER reintroduction period, contact stuns comprised a very small minority (n = 2, 1%) of TASER events, one of which involved a person being contact stunned twice. In both of these events, the officer contact stunned the person assessing that the person was still a threat to police.

2.1.6 Other tactical options deployed at TASER TOR events

Table 2 shows that there were 39 tactical options, other than TASER, deployed at TASER events. These other tactical options were used by officers who deployed TASER.

Table 2: All tactical options deployed at TASER TOR events

	n	% of TOR events (n=162)
TASER	162	100
Handcuffs	27	17
Empty hand	5	3
Firearm	4	2
OC spray	3	2
Total	**201**	

'n' = the number of tactical options used at TOR events

Handcuffs was the most common other tactical option reported, at 17% (n = 27) of TASER events. A firearm was deployed, in show mode only, at 2% (n = 4) of TASER events. These four firearms events occurred at the same incident, where it was believed that one of the four subjects had a firearm.

2.2 TASER deployment warnings

To encourage the de-escalation of an incident, and to warn any people nearby, New Zealand Police TASER policy states that officers must give a verbal warning in conjunction with the deployment (presentation, laser painting, arcing, discharge or contact stun) of a TASER, unless it is impractical or unsafe to do so (see Appendix 4).

Specifically, the verbal warning "TASER 50 000 volts" should be given in conjunction with presentation, laser painting or arcing, while the verbal warning "TASER, TASER, TASER" should be given in conjunction with discharge or contact stun deployment.

Table 3: TASER deployment warning given

	n	%
Yes	128	79
No	33	20
Not reported	1	1
Total	**162**	**100**

'n' = the number of TASER TOR events

Table 4 shows that officers gave a warning in 79% (n= 128) of the 162 TASER events. In 20% (n = 33) of TASER events no warning was given, while in one event this information was not reported.

Table 4: Reason no TASER deployment warning given

	n	%
Not enough time	13	39
Deholstered, but not shown	5	15
Would put police at risk of harm	4	12
Would put the person at risk of self-harm	2	6
Armed vehicle turnover	2	6
Shown to cover other officer	2	6
Shown as a precaution	2	6
Reason unclear	3	9
Total	**33**	**100**

'n' = the number of TASER TOR events

As shown in Table 4, in 39% (n= 13) of events where a warning was not given, officers did not have enough time to warn the person. In 15% (n = 5) of events, officers did not give a warning as they had only deholstered the TASER and had not actually shown it at the person. In 12% (n = 4) of events, officers did not give a warning as it would have put themselves and/or other police at risk of harm.

Less commonly, in 6% (n = 2) of events, officers were concerned that a warning would put the person involved at risk of self-harm. Warnings were also not given where the event was an armed vehicle turnover (6%; n = 2), where TASER was shown to cover another officer (6%; n = 2), and where TASER was shown as a precaution against people armed with weapons (6%; n = 2), as in these situations issuing a warning could endanger officer safety. In three events, the reason why officers did not give a warning was unclear.

This data shows that there was a high compliance by officers with TASER policy on giving a verbal warning, unless it was impractical or unsafe to do so.

2.3 TASER TOR events by Police district

As shown in Table 5, Counties/Manukau (19%; n = 30) and Auckland City (20% n = 32) districts reported the lowest number of TASER TOR events during the TASER reintroduction period, while Wellington (36%; n = 58) and Waitemata (25%; n = 41) districts reported the highest. Although TASER was not available to officers in Waikato district during the reintroduction period, TASER was deployed (in show mode only) at one event when an Auckland Special Tactics Group (STG) officer assisted General Duties Branch (GDB) officers at an incident in Waikato district.

Table 5: TASER TOR events by Police district

	n	%
Waitemata	41	25
Auckland City	32	20
Counties/Manukau	30	19
Waikato	1	1
Wellington	58	36
Total	**162**	**100**

'n' = the number of TASER TOR events

This district breakdown of TASER events is similar to the TASER trial, where Counties/Manukau (18%; n = 23) and Auckland City (22%; n = 28) districts reported the lowest number of TASER events, while Wellington (35%; n = 45) and Waitemata (24%; n = 31) districts reported the highest. Note that as this TOR data presents a quantitative overview of TASER deployment, it does not provide a nuanced understanding of the factors that influence TASER deployment, including between districts (see Appendix 1, section A 1.8.1 for further detail on the limitations when comparing TOR data between districts).

2.4 TASER TOR events by Police area

As shown in Table 6, Waitakere area reported the most TASER TOR events, with 14% (n = 22) of all events during the TASER reintroduction period. Lower Hutt area reported 10% (n = 17) of events, while Auckland West, Kapiti Mana and Wellington areas reported 9% (n = 14) of events each.

Areas reporting the least TASER deployments were Auckland East and Rodney, with 4% (n = 7) of TASER events each, while Counties Manukau Central, Counties Manukau East, and Wairarapa also reported 4% (n = 6) of events each.

Table 6: TASER TOR events by Police area

	n	%
North Shore	12	7
Rodney	7	4
Waitakere	22	14
Auckland Central	11	7
Auckland East	7	4
Auckland West	14	9
Counties Manukau Central	6	4
Counties Manukau East	6	4
Counties Manukau South	9	6
Counties Manukau West	9	6
Hamilton City	1	1
Kapiti Mana	14	9
Lower Hutt	17	10
Upper Hutt	7	4
Wairarapa	6	4
Wellington Central	14	9
Total	**162**	**100**

'n' = the number of TASER TOR events

This area breakdown of TASER events is somewhat similar to the TASER trial, where Wellington Central (n = 22), Waitakere (n = 18), and Auckland City West (n = 11) areas reported the most TASER events (see Appendix 1, section A 1.8.1 for detail on the limitations when comparing TOR data between areas).[3]

2.5 TASER TOR events per 10,000 population

In any given period, most of the population do not have contact with the police, and if they do, as noted in section 2.1, the vast majority of these contacts do not result in the use of force. Noting this, Table 7 presents reintroduction period TASER TOR events per 10,000 population. This shows that Counties Manukau recorded 0.6 TASER events per 10,000 population, while Wellington recorded 1.2 TASER events per 10,000 population. Thus, when rounded, there were one or fewer TASER events per 10,000 population in each of the four Police districts.

Table 7: TASER TOR events per 10,000 population

	n	per 10,000 popn
Waitemata	41	0.8
Auckland City	32	0.8
Counties Manukau	30	0.6
Wellington	58	1.2
Total*	**161**	**0.8**

'n' = the number of TASER TOR events

*1 event occurred in Waikato, so total = 161 not 162 (as in Table 6)

2.6 TASER TOR events per 10,000 Police apprehensions

TASER TOR event data is analysed in the context of the number of Police apprehensions as (unlike TASER TOR events per 10,000 population) it indicates the proportion of apprehensions that result in reported TASER deployment.

Table 8: TASER TOR events per 10,000 apprehensions

	n	per 10,000 appr
Waitemata	41	16
Auckland City	32	13
Counties Manukau	30	10
Wellington	58	23
Total*	**161**	**16**

'n' = the number of TASER TOR events

*1 event occurred in Waikato, so total = 161 not 162 (as in Table 6)

An apprehension means that a person has been dealt with by the police in some manner (eg, a warning or prosecution) to resolve an offence. In some circumstances 'dealt with by the Police' may mean that the offender was found to be mentally ill or was in custody, so no further action was taken other than to document the offence (see Appendix 1, section A 1.6 for further information about this data, including its limitations).

Table 8 shows that during the TASER reintroduction period, there was an average of 16 TASER TOR events per 10,000 Police apprehensions. Thus, TASER was very rarely deployed during Police apprehensions in the reintroduction period. Counties Manukau recorded the lowest number of TASER events per 10,000 apprehensions at 10, while Wellington recorded the highest number at 23 (see Appendix 1, section A 1.8.1 for limitations when comparing TOR data between districts).

2.7 TASER TOR events by Police workgroup at the event

By workgroup, General Duties Branch (GDB) officers comprised 50% of officers in the four reintroduction period Police districts, with the remainder comprising CIB/Enquiries

(30%), Road Policing (17%), Armed Offenders Squad (AOS) (2%), and Special Tactics Group (STG) (1%) officers.

Table 9 shows that GDB officers were involved in the vast majority of TASER events (93%; n = 150), and thus, were over-represented in TASER events in relation to GDB officers in the four reintroduction period Police districts. This is because GDB officers are the predominant first responders to frontline incidents.

Table 9: TASER TOR events by Police workgroup

	n	%
GDB	150	93
AOS	7	4
CIB/Enquiries	3	2
Road Policing	1	1
STG	1	1
Total	**162**	**100**

'n' = the number of TASER TOR events

Table 9 also shows that the Armed Offenders Squad (AOS) was involved in 4% (n= 7) of TASER events, while the remainder comprised Criminal Investigation Branch (CIB) (3%, n= 2), Road Policing (1%, n = 1), and the Special Tactics Group (STG) (1%, n = 1).

2.8 TASER TOR events by incident type

Incident type refers to the type of incident that an officer determines best characterises a TOR event eg, a domestic dispute (1D) incident. As shown in Table 10, the most common incident types where TASER was deployed during the reintroduction period were domestic dispute (35%; n = 57), arrests (14%; n = 23), attempted suicides (14%; n = 22), and mental health (12%; n = 20) incidents. The next most common incident type was a suspicious car or person (4%; n = 7). In 9% (n = 15) of events the incident type was listed as 'other' (with no field to provide further information), while in 4% (n = 7) of events, the incident type was not reported.

Table 10: TASER TOR events by incident type

	n	%
1D Domestic dispute	57	35
4U Arrest	23	14
1X Attempted suicide	22	14
1M Mental health	20	12
1C Suspicious car or person	7	4
1K Drunk custody	2	1
1R Breach peace	2	1
1U Traffic	2	1
2W Warrant other	2	1
4X Search warrant	2	1
4Q Enquiry investigation	1	1
Other	15	9
Not reported	7	4
Total	**162**	**100**

'n' = the number of TASER TOR events

This is similar to the TASER trial, where the most common incident types where TASER was deployed were also domestic dispute (39%; n=49), arrests (16%; n=20), attempted suicide (9%; n=12), and mental health (6%, n = 8) (see Appendix 1, section A 1.8.3 for the limitations of incident type data).

2.9 TASER TOR events by incident location

Incident location refers to the physical location of an incident attended by Police; in this report, the TASER TOR event location. Of the 162 TOR events where TASER was deployed, Table 11 shows that the most common incident location was a residential property (71%; n = 115), followed by a street/highway/motorway (18%; n = 29) and public places (7%; n = 12). The high number of residential property locations partly reflects domestic dispute being the most common incident type where TASER was deployed (see section 2.8).

Table 11: TASER TOR events by incident location

	n	%
Residential property	115	71
Street/highway/motorway	29	18
Public place e.g. park, carpark	12	7
Gang premises	2	1
Public building	2	1
Rural area	2	1
Total	**162**	**100**

'n' = the number of TASER TOR events

This is similar to the TASER trial, where of the 127 TASER events, the most common incident locations were also residential properties (65%; n = 82), followed by street/highway/motorway (17%; n = 22) and public places (8%; n = 10).

2.10 Outcomes of TASER TOR events

The desired outcome of a TASER TOR event is that threatening, violent and/or life endangering situations are controlled through the use of communication and TASER without injury to the police and/or public. When reporting on outcomes of TASER events in the TOR database, officers can report whether a person is controlled or cooperative/compliant, and if not, whether use of another tactic was necessary.

Table 12: Outcomes of TASER TOR events

	n	%
Person controlled	49	30
Person cooperative/compliant	83	51
Other tactic necessary	23	14
Other	7	4
Total	**162**	**100**

'n' = the number of TASER TOR events

Table 12 shows that the person was controlled in 30% (n = 49) of all TASER TOR events, and cooperative/compliant in 51% (n= 83) of events. Thus, in 81% (n = 132) of TASER events, TASER deployment contributed to successfully de-escalating the incident.

2.10.1 Outcomes of TASER TOR discharge events

During the TASER reintroduction period, TASER discharge was reported as effectively resolving all events where it was deployed. Table 13 shows that following TASER discharge the person involved was either controlled (86%; n = 12) or cooperative/compliant (14%; n = 2). International research on a larger sample (n = 375) of TASER discharge events found that officers reported the subject as incapacitated following TASER discharge in 87% of incidents. Overall, officers reported being satisfied with how the TASER performed in 79% of incidents (White and Ready, 2008).

Table 13: Outcomes of TASER TOR discharge events

	n	%
Person controlled	12	86
Person cooperative/compliant	2	14
Total	**14**	**100**

'n' = the number of TASER TOR events

2.10.2 Outcomes of TASER TOR show events

In the vast majority of events a TASER show assisted officers to effectively resolve the incident. Table 14 illustrates that 80% of TASER show events were effectively resolved

with the TASER being shown, with the person involved either being cooperative/compliant (55%; n = 81) or controlled (25%; n = 37).

Table 14: Outcomes of TASER TOR show events

	n	%
Person controlled	37	25
Person compliant/cooperative	81	55
Other tactic necessary	23	16
Other	7	5
Total	**148**	**100**

'n' = the number of TASER TOR events

The high rate of TASER discharge, and to a lesser extent show mode effectiveness, has important implications for staff and public safety, as TASER assisted officers to safely resolve these incidents. In this way, aligning with Police's Prevention First operating model, effective deployment of TASER may prevent (re)offending by the public (including assaults on police) at TASER events, and staff and public injury associated with any such offending.

In a further 16% (n = 23) of reintroduction period TASER events, officers used another tactic, or tactics, to successfully resolve the incident. These other tactics were used both by the officer who deployed TASER, and other officers present who did not deploy TASER.

Officers reported using communication in all 23 TASER events where another tactic was used. In 11 of these events communication was reported to have had no effect, in 7 events it had very little effect, and in five events it had some effect. However, as noted in section 2.10.3, when communication is used alongside (rather than before) tactical options deployment, it is difficult to determine the extent to which communication and/or tactical options deployment de-escalated the incident.

Of the 23 events where another tactic was used to resolve the incident, it was most commonly handcuffs (n = 16), followed by empty hand tactics (n = 7) and OC spray (n = 6). In four events, one of the other tactics used was the mere presence of another officer's police dog, while in two events people were warned that OC spray would be used. In one event, the other tactic used was another officer's police dog, which bit the alleged offender's leg.

2.10.3 Effect of communication at TASER TOR events

As noted in section 2.1, the vast majority of police-public interactions are resolved by officer communication and public cooperation. Tactical communication is Police's preferred option for resolving incidents where police action is necessary in response to uncooperative people, as it often enables such incidents to be resolved without the use of force. However, people involved in use of force/TOR events are often under the influence of alcohol and/or other drugs, and/or displaying violent behavior (see Chapter 3). These circumstances mean that officers' attempts to communicate with these people, and de-escalate the incident, may be less than successful.

It should also be noted that depending on the circumstances of an incident, communication may be used prior to and/or alongside the deployment of tactical options. When communication is used in the latter circumstances only, it is difficult to

determine the extent to which communication and/or tactical options deployment de-escalated the incident.

Table 15: Effect of communication at TASER TOR events

	n	%
No effect	39	24
Very little effect	30	19
Some effect	42	26
Major effect	51	31
Total	**162**	**100**

'n' = the number of TASER TOR events

Noting this, Table 15 shows that in nearly a quarter (24%; n = 39) of events, officer communication was reported to have had no effect on the person involved, while in nearly a fifth (19%; n = 30) of events it had very little effect. Officers reported that in just over a quarter (26%; n = 42) of events communication had some effect on the person involved, while in nearly a third (31%; n = 51) of events communication was reported to have had a major effect.

2.10.4 Resolution of TASER TOR events

Resolution type refers to the manner in which an incident is resolved, for example, by the person being arrested and charged. Table 16 shows how TASER TOR events were resolved during the TASER reintroduction period, with officers able to identify one or more resolution types at each event. Accordingly, Table 16 presents the total number of selected resolution types, and thus totals more than the number of TASER events.

Table 16: Resolution of TASER TOR events

	n	% of TOR events (n=162)
Arrested - charged	110	68
CAT/DAO involvement	19	12
Arrested - no charge	17	10
Transported to hospital (1M)	10	6
Released without charge	9	6
Police disengaged	3	2
Transported to hospital (medical)	3	2
Returned to caregiver	2	1
Referred to Police Youth Aid	2	1
Other	10	6
Total	**185**	

'n' = the number of resolution types at TASER TOR events

The most common resolution type at TASER events was that the person was arrested and charged, with 68% (n = 110) of resolutions resulting in this outcome. A further

12% (n = 19) of resolutions involved the person being referred to a Crisis Assessment Team (CAT) and/or being seen by a Duly Authorised Officer (DAO) for a mental health assessment, while in another 6% (n = 10) of resolutions the person was transported to hospital to for a mental health assessment.

Next most commonly, 10% (n = 17) of resolutions involved the person being arrested but not charged, while 6% (n = 9) of resolutions resulted in the person being released without charge. Reasons that people were arrested but not charged, or released without charge, most commonly included because they were suffering a mental health crisis, were referred to Youth Aid, and/or were warned or formally cautioned.

[1] Police CARD events, which are generated during the initial Police response process, are used as a 'best' proxy for face to contacts between the police and the public. The proportion of face to face contacts that result in the use of force is lower than some international police-public contact surveys suggest, as unlike such studies, TOR events do not include threatened use of force/lower level uses of force. Further, CARD events undercount some face to face contacts eg individual contacts at Compulsory Breath Testing checkpoints.
[2] TASER was discharged in 19 (15%) of the 127 TASER trial events.
[3] Comparisons cannot be made with other Police areas reported in the TASER trial, as the trial areas are reported differently ie, some trial areas – Paremoremo, Avondale, Ellerslie, Manurewa, Papatoetoe, Otara, Mangere, Howick, and Pukekohe – are, or were, Police stations within areas.

3 People involved in TASER reintroduction period TASER TOR events

This chapter examines reported characteristics of people (excluding Police) involved in reintroduction period TASER TOR events. This includes alcohol and other drug use, suicidal behaviour and mental illness, the possession and use of weapons, and sex, age and ethnicity.

3.1 The context in which Police use force

Any use of force by police must be considered against the incidents and behaviours that officers' encounter, and against officers' attempts to de-escalate the incident. For example, during the TASER reintroduction period, nearly half of the people involved in TASER events were suspected of being under the influence of alcohol and/or other drugs; in over half of events violent behaviour was exhibited, and weapons were present; and in not quite half of events officers reported that communication had no or very little effect on the person involved. Note that an event may be characterised by one or more subject behaviours or factors, as one or more of these may be displayed by a person at an event.

This illustrates that the incidents and behaviours that officers' encounter in the course of their duties can be complex, dynamic, stressful, and endanger staff and public safety. Law, Police policy and training allow police to use necessary and proportionate force to maintain public order and safety, including in self defence of oneself or another, to make an arrest, prevent escape, and prevent suicide. Accordingly, the use of TASER, or any other tactical option, is based on the level of threat or risk a person presents to Police and/or the public.

3.2 Alcohol and other drug use by people involved in TASER TOR events

The association between aggression, violence and alcohol misuse is widely documented. Table 17 below shows that officers considered that nearly half (48%; n = 77) of the people involved in reintroduction period TASER TOR events had used alcohol and/or other drugs, in that such substance use was evident or suspected. Officers were unsure whether people had used alcohol and/or other drugs in 22% (n = 36) of events, while in 30% (n = 49) of events officers did not consider substance use to be involved.

Table 17: Alcohol/drugs use by people involved in TASER TOR events

	n	%
Yes	77	48
No	49	30
Unsure	36	22
Total	**162**	**100**

'n' = the number of TASER TOR events

These figures are comparable to the TASER trial, where officers considered that 47% (n = 60) of the 127 events involved evident or suspected alcohol and/or other drug use, while in 24% (n = 30) of events officers were unsure whether people had used alcohol

and/or other drugs. Substance use was not suspected in 29% (n = 37) of the TASER trial events.

3.3 Relevant factors at TASER TOR events

Relevant factors at TASER events are factors that police were aware of prior to, or subsequent to, attending an event where TASER was deployed. An event may be characterised by one or more relevant factors, as one or more of these factors may be relevant to and/or displayed by a person at an event.

Table 18: Relevant factors at TASER TOR events

	n	% of TOR events (n=162)
Violent behaviour	92	57
Alcohol affected	75	46
History of violence	55	34
History of carrying weapons	38	23
Mental health issues	36	22
History of violence against police	31	19
Suicidal	31	19
Drug affected	28	17
Medical illness affecting behaviour	11	7
Other	9	6
Total	**406**	

'n' = the number of relevant factors at TASER TOR events

As shown in Table 18, there were 406 relevant factors reported at the 162 reintroduction period TASER TOR events. The most common relevant factors at these events were violent behaviour and alcohol affected people, with officers reporting that violence featured in over half (57%; n = 92) of the 162 events, and alcohol in 46% (n = 75) of events. A history of violence was another common relevant factor, with just over a third (34%; n= 55) of TASER events involving people with such characteristics. Nearly a quarter (23%; n = 38) of TASER events were reported as involving people with a history of carrying weapons, while a similar proportion (22%; n = 36) involved people thought to have mental health issues. A history of violence against police featured in 19% (n = 31) of TASER events, as did suicidal behaviour (19%; n = 31). People affected by drugs were involved in 17% (n = 28) of reintroduction period events.

The type and prevalence of relevant factors at TASER TOR events illustrate the complex, threatening and risky environments that officers dealt with at these events. TASER - predominantly TASER shows - assisted officers to de-escalate these situations in the vast majority of incidents.

3.3.1 Police involvement in mental health and attempted suicide incidents

Public interest in TASER has also included a predominant focus on the use of TASER against people with mental health issues, with concern expressed that it is an inappropriate response for, and is used disproportionately against, such people (O'Brien

and McKenna, 2007; O'Brien, McKenna, Thom, Diesfield, and Simpson, 2010). Research has also been undertaken on public views of TASER deployment against suicidal people. This suggests that the public are less accepting of TASER discharge against people threatening self-harm, than they are of TASER discharge against people behaving violently or suspected of carrying a weapon (Morton, 2010).

As noted in section 2.8, officers identified 14% (n = 22) of TASER TOR events as suicidal incident types, and a further 12% (n = 20) of events as mental health incident types (see Appendix 1, section A 1.8.3 for the limitations of incident type data). In addition to reporting the over-arching incident type, officers could report the various factors characterising the incident as 'relevant factors'. As described in section 3.3, nearly a quarter (22%; n = 36) of TASER events were reported as involving people thought to have mental health issues, while 19% (n = 31) were reported as involving suicidal behaviour.

Notwithstanding this, in the context of all recorded mental health or attempted suicide incidents in the four districts during the TASER reintroduction period, TASER was very rarely deployed at such incidents.

Specifically, during the 13 month TASER reintroduction period, New Zealand Police recorded 4,366 mental health (1M) incidents and 3,563 and attempted suicide (1X) incidents in the four TASER reintroduction period districts. Thus, TASER was reported as being deployed (deholstered, shown, laser painted, arced, or discharged) in only 0.8% of all mental health (1M) incidents recorded by police during the reintroduction period. And, TASER was reported as being discharged in only 0.1% of mental health incidents recorded by police during this period.

Similarly, TASER was reported as being deployed in only 0.9% of attempted suicide incidents recorded by police during the reintroduction period. And, TASER was reported as being discharged in only 0.1% of attempted suicide incidents recorded by police during this period.

These figures emphasise the importance of considering TASER deployment against people thought to have mental health issues, or to be suicidal, in the context of the many such incidents that police deal with daily – the vast majority of which do not involve TASER deployment.

3.3.2 TASER TOR discharge events involving people with mental health issues and suicidal behaviour

Of the 14 reintroduction period TASER discharge events, five were recorded as mental health (1M) incidents, while a further two were recorded as attempted suicide (1X) incidents. In two of the 1M incidents where TASER was discharged, it was not discharged against the person thought to have mental health issues (see section 2.1.5 for a summary of these events). The two attempted suicide (1X) incidents where TASER was discharged are summarised in section 2.1.4.

In two of the remaining three mental health (1M) incidents where TASER was discharged, police were assisting Duly Authorised Officers (DAOs) to admit people into mental health care under the Mental Health (Compulsory Assessment and Treatment) Act 1992. In one of these incidents a woman was found cutting her wrists with a knife, was instructed by police to drop the knife, but did not do so, and the TASER was discharged. In the other incident that police attended with DAOs, a man armed with a knife had attempted to assault and threatened to kill police. In the final mental health

(1M) incident where TASER was discharged, police were called to an address by a woman who feared her partner would harm her. Police located the man, who revealed a firearm in the waistband of his trousers. An officer laser painted the man and twice instructed him not to touch the weapon; however, he took hold of it and the officer discharged the TASER. All of these individuals were taken to hospital for a mental health assessment, and medical treatment, as required.

These three mental health (1M) incidents illustrate the at times serious nature of such incidents attended by police. This is not to say that mentally ill people are generally more violent – rather, research indicates that some disorders and situations are correlated with a higher risk of hostile and violent behaviour (Johnson, 2011).

All three TASER discharges against people experiencing mental health issues assisted the successful de-escalation of the incident. With the exception of probe penetration wounds sustained by one person, and self inflicted knife wounds sustained by another person, no other physical harm was reported as being suffered by the people or officers involved. Indeed, in the self harm incident TASER discharge likely prevented further injury or possibly death.

3.4 Behaviours exhibited by people at TASER TOR events

Behaviours exhibited by people at TASER events are categorised as including things like threatening police, violence towards police and non-police, and actual self harm. An event may be characterised by one or more subject behaviours, as one or more of these behaviours may be displayed by a person at an event.

Table 19 shows the types of behaviour reported as exhibited by people against whom TASER was deployed. Officers identified a total of 280 behaviours at the 162 TASER TOR events.

This shows that in 37% (n = 60) of TASER TOR events, non police (ie the victim/complainant/other person) were threatened with or without a weapon, while in just over a fifth of (21%; n = 34) of TASER events there was violence with or without a weapon, towards non-police.

Table 19: Behaviours exhibited by people at TASER TOR events

	n	% of TOR events (n=162)
Threaten non-police with or without a weapon	60	37
Violence towards non-police with or without a weapon	34	21
Threaten and/or abuse police without a weapon	60	37
Threaten police with a weapon	31	19
Violence towards police without a weapon	17	10
Violence towards police with a weapon	2	1
Had weapon but did not threaten and/or use against police	23	14
Spit blood or saliva at police	1	1
Threatens self harm	10	6
Actual self harm	4	2
Other aggressive behaviour not further specified	5	3
Damage property	9	6
Resist and/or obstruct police	6	4
Evade and/or escape police	3	2
Other	15	9
Total	**280**	

'n' = the number of behaviours exhibited at TASER TOR events

In terms of threats or violence against police, in 37% (n = 60) of TASER TOR events police were threatened and/or abused without a weapon,[1] while in 19% (n = 31) of events, police were threatened with a weapon(s). In 10% (n = 17) of events there was violence towards police without a weapon. And, in 14% (n = 23) of events, the person involved had a weapon but did not threaten and/or use it against police. Few events involved the actual use of a weapon against police (1%; n = 2) or spitting blood or saliva at police (1%; n = 1).

Table 19 also shows that in 6% (n = 10) of TASER events the person involved was threatening self-harm, while in 2% (n = 4) of events, the person had actually self-harmed.

As with relevant factors at TASER events, the type and prevalence of these subject behaviours at TASER TOR events illustrate the complex, threatening and risky environments that officers dealt with at these events. TASER - predominantly TASER shows - assisted officers to de-escalate these situations in the vast majority of incidents.

3.5 TASER TOR events and the possession and use of weapons

Table 20 presents TASER TOR events where officers believed that weapons were present, based on information received about the event, for example, as reported by

the public to a Police Communications Centre. This shows that weapons were believed to be present in 76% (n = 123) of events.

Table 20: Weapons believed present at TASER TOR events

	n	%
Yes	123	76
No	39	24
Total	**162**	**100**

'n' = the number of TASER TOR events

Table 21 shows TASER TOR events where the presence of weapons was confirmed by officers attending the incident. This shows that weapons were actually present in just over half (52%; n = 84) of TASER events.

However, despite weapons being present in just over half of all TASER events, the vast majority of these events were successfully de-escalated by police without TASER being discharged. As noted in section 2.1.3, nine of the 14 TASER discharge events involved people who were armed with a weapon or weapons, while a further two involved people who had been armed with a weapon, which they had used against another person.

Table 21: Weapons actually present at TASER TOR events

	n	%
Yes	84	52
No	78	48
Total	**162**	**100**

'n' = the number of TASER TOR events

Table 22 shows the weapon types present at the 84 TOR events where officers confirmed the presence of weapons. This counts the number of weapon types present at TASER events, not the actual number of each weapon type; for example, where knives are the weapon type, there may, or may not, have been more than one knife at the event.

The most common weapon present, in 35% (n = 57) of TASER events, was a cutting/stabbing weapon, most commonly knives, but also including machetes, samurai swords, scissors, and a screwdriver. Bludgeoning weapons were the next most common, being present in 10% (n = 16) of events. These weapons included pieces of wood, large sticks, hammers, metal bars, a softball bat, a golf club, a wheel brace, a fireplace tool holder, a broom handle, and a pool cue.

Table 22: Weapons types present

	n	% of TOR events (n=162)
Cutting/stabbing	57	35
Bludgeon	16	10
Firearm	8	5
Bottles/jugs/glass	6	4
Household item	3	2
Vehicle	1	1
Total	**91**	

'n' = the number of weapon types

Table 22 also shows that in 5% (n = 8) of TASER events, the person involved had a firearm(s). These firearms included imitation handguns, an imitation rifle, an imitation shotgun, an imitation machine gun, and an air pistol. Bottles/jugs/glass were present as weapons in 4% (n = 6) of events. Household items that became weapon types included chairs and a guitar.

Such weapons have the potential to cause serious harm or death to the public and/or officers at these events. Had TASER not been available to officers attending the 162 events, firearms could have been presented, and possibly discharged, at more events where officers faced the threat of, or actual, grievous bodily harm or death. Indeed, following a TASER discharge incident, one supervisor commented "I was present throughout the incident. I believe that had the TASER not been available, then there is a real possibility that [the offender] would have been shot by Police."

This has important implications for staff and public safety, as TASER assisted officers to safely resolve these incidents. In this way, aligning with Police's Prevention First operating model, effective deployment of TASER may prevent (re)offending by the public (including assaults on police) at TASER events, and staff and public injury associated with any such offending.

3.6 Sex of people involved in TASER TOR events

The vast majority of Police apprehensions and Tactical Options Reporting (TOR) events, including TASER events, involve males. Table 23 shows the sex of people involved in TASER TOR events during the TASER reintroduction period. The vast majority (93%; n = 150) were males, with only 7% (n= 12) involving females. This is similar to the TASER trial, where 95% (n = 127) of the people involved in TASER events were male, and 5% (n = 6) were female.[2]

Note that as a TOR event corresponds to the reportable use of one or more tactical options, by one officer, against one person, the number of TASER TOR events reported in this chapter, also represents one person involved in an event.

Table 23: Sex of people involved in TASER TOR events

	n	%	per 10,000 appr
Male	150	93	18
Female	12	7	6
Total	**162**	**100**	**16**

'n' = the number of TASER TOR events

Table 23 also presents the sex of people involved in TASER TOR events during the TASER reintroduction period, per 10,000 Police apprehensions, by sex. This shows that there were 18 TASER events per 10,000 male apprehensions, and six TASER events per 10,000 female apprehensions. As noted in section 2.6, TASER was very rarely deployed during Police apprehensions in the TASER reintroduction period.

3.7 Age of people involved in TASER TOR events

The vast majority of Police apprehensions involve the 17 to 50 age group, while the vast majority of Tactical Options Reporting (TOR) events, including TASER TOR events, involve the 17 to 40 age group. Table 24 presents the age of people involved in TASER TOR events, categorised according to New Zealand Police age groupings, with a further breakdown of the 51+ age group. Similarly, this shows that 29% (n = 47) of those involved in TASER events were aged 31-40, followed by 24% (n = 39) aged 21-30. Thus, 21 to 40 year olds accounted for over half (53%) of people involved TASER events during the reintroduction period.

Table 24: Age of people involved in TASER TOR events

	n	%	per 10,000 appr
0-9	0	0	0
10-13	0	0	0
14-16	10	6	9
17-20	24	15	10
21-30	39	24	13
31-40	47	29	25
41-50	25	15	21
51-60	9	6	-
61>	3	2	-
Unknown	5	3	-
Total	**162**	**100**	**100**

'n' = the number of TASER TOR events

Less commonly, people aged 41-50 were involved in 15% (n = 25) of events, as were those aged 17-20 (15%; n = 24). Youth (age 14 to 16) were infrequently (6%; n = 10) involved in TASER events (see section 3.7.1 for further detail). The age of people

involved in TASER events was unknown at the time of reporting in 3% (n = 5) of events (with the identity of these people remaining unknown in four of these five events).

The age breakdown of people involved in TASER events during the reintroduction period is similar to the TASER trial,[3] where the majority (59%; n = 78) were aged 20-39. Of these, 23% (n=30) were aged 25-29, 20% (n = 27) aged 35-39, and 16% (n = 21) aged 20-24. There were five (4%) youth (age 14-16) who had a TASER shown at them during the TASER trial.

Table 24 also presents the age of people involved in TASER TOR events during the TASER reintroduction period per 10,000 Police apprehensions, by age. This shows that 14-16 and 17-20 olds had the lowest rate of TASER events per 10,000 apprehensions, at nine and 10 respectively.

Conversely, the 31-40 year old age group had the highest number of TASER events and the highest number of TASER events per 10,000 apprehensions, at 25. The 41-50 age group had the third highest number of TASER events, but the second highest number of TASER events per 10,000 apprehensions, at 21.

3.7.1 Youth and young adults involved in TASER TOR events

Public interest in TASER has also included a focus on the use of TASER against vulnerable groups, including children and youth (Campaign Against the TASER, 2007; Amnesty International, 2006, 2007; Kleinig, 2007).

During the TASER reintroduction period, no children (age 0-13) were involved in TASER TOR events. Six percent (6%; n = 10) of events involved youth (age 14-16); the lowest of all other age groups (except children), both proportionately and per 10,000 apprehensions. Four of the youth were aged 14, three aged 15, and three aged 16. In all of these events, the TASER was shown, in laser painting mode, but not discharged.

Three of these incidents involved youth armed with knives who were threatening self-harm, which were all safely de-escalated with laser painting. Another three incidents involved youth who had threatened to use a knife against someone, which were also safely de-escalated with laser painting. The remaining two incidents each involved a youth who had presented a firearm at members of the public.[4] In both of these incidents the youth had firearms and TASER presented at them, safely de-escalating the incident. All of these events were resolved without physical harm to the youth or officers involved.

In addition to the ten TASER TOR events involving youth, there were 24 events involving 17 to 20 year olds. Three of these events involved 17 year olds, 10 involved 18 year olds, six involved 19 year olds, and five involved 20 year olds. All of these events were TASER shows, except for one event involving an 18 year old, against whom the TASER was discharged. In this incident, an 18 year old man armed with two knives was assaulting a woman. Police instructed him to put the knives down but he did not do so, and the TASER was discharged, following which he was handcuffed and arrested.

3.7.2 Older people involved in TASER TOR events

Public interest in TASER has also included a focus on the use of TASER against older people (Amnesty International, 2006, 2007; Kleinig, 2007).

The three reintroduction period events involving people aged over 61 involved two people in their sixties and one person in their seventies, all of whom were laser painted with the TASER only. One incident involved a man armed with a knife threatening suicide, while another involved a man who had threatened to kill police, smashed windows of a house and threatened police using a weapon of opportunity. The remaining event involved a man thought to be armed who had been abusing people in his apartment complex. All three were laser painted with the TASER only, assisting the successful de-escalation of the incidents without the TASER being discharged. In all of these events no physical harm was reported as being suffered by the older person involved, and in one of these events, laser painting likely prevented self-harm to the person involved.

3.8 Ethnicity of people involved in TASER TOR events

Public interest in TASER has also included a focus on the use of TASER against non-European peoples, with concern expressed that TASER is deployed disproportionately against such groups (Campaign Against the TASER, 2007; Amnesty International, 2006, 2007; Ryan, 2008; O'Brien, McKenna, Thom, Diesfield, and Simpson, 2010).

Table 25 shows the ethnicity of people involved in TASER events during the reintroduction period, categorised according to New Zealand Police ethnic groupings (see Appendix 1, section A 1.8.4 for the limitations of ethnicity data). This shows that NZ Europeans were involved in 40% (n = 64) of the 162 TASER events, Māori in 36% (n = 58) of events, and Pacific Island peoples in 21% (n = 34) of events.

Table 25: Ethnicity of people involved in TASER TOR events

	n	%	per 10,000 appr
NZ European	64	40	17
Māori	58	36	16
Pacific peoples	34	21	18
Asian	2	1	-
Indian	2	1	-
Unknown	2	1	-
Total	**162**	**100**	**16**

'n' = the number of TASER TOR events

This ethnic breakdown is similar to the TASER trial, where the most commonly represented ethnic groups were also NZ European (n=46; 35%), Māori (n=43; 32%), and Pacific peoples (n=35; 26%).

It is important to view the ethnicity of people involved in TASER events in the context of Police apprehension data, by ethnicity. Table 25 also shows that the number of TASER events per 10,000 apprehensions, by ethnicity, was very similar for Pacific (n = 18), European (n = 17), and Māori (n = 16) peoples, with Māori recording the lowest figure of all three groups.

3.9 TASER TOR events involving animals

New Zealand Police TASER policy states that TASER may deployed to deter attacking animals (see Appendix A 4). During the TASER reintroduction period, there were an additional three TASER TOR events where TASER was deployed against an animal. Thus, including TASER deployment on animals, there were 165 TASER events during the reintroduction period.

All three animal TASER events involved dogs. In one of these events a dog had bitten a police officer, while in another event a dog had bitten two members of the public and another dog. Both of these dogs had TASER discharged against them. In the third event, an officer entering a property deholstered a TASER as a precaution against a dog attack, as another officer had already been bitten by a dog on the property at the same incident. In this incident, animal control officers were able to secure the dog without police needing to resort to TASER discharge.

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[1] When selecting behaviours exhibited by a person during an incident, Version 1 of the TOR database (which was used by New Zealand Police from 1 January 2007 to 30 June 2010) included the option of 'verbally threaten/abuse police'. Thus, it cannot be ascertained whether officers that selected this category were verbally threatened only, verbally abused only, or both verbally threatened and abused. The second version of the TOR database (from 1 July 2010) includes the option 'threaten police', with verbal abuse recorded under the 'other' option.

[2] While there were 127 TASER events during the TASER trial, there were 133 people involved in these events who had TASER deployed against them. The 162 TASER events during the TASER reintroduction period involved 162 people who had TASER deployed against them. Some of these 162 events occurred at the same incident.

[3] The Operational Evaluation of the TASER Trial report did not categorise people involved in TASER events according to New Zealand Police age groupings, thus the age ranges in the TASER reintroduction period are not directly comparable with the TASER trial. During the TASER trial the age of one person was unknown, thus the number of people by age totalled 132, not 133.

[4] One of these incidents involved three youth, who each had the TASER shown at them, thus representing three TASER TOR events.

4 Injuries at TASER reintroduction period TASER TOR events

This chapter examines Tactical Options Reporting (TOR) database injury classifications, reported TASER related injuries sustained by officers and members of the public involved in TASER TOR events, and medical attention received.

4.1 Tactical Options Reporting database injury classifications

The Tactical Options Reporting (TOR) database[1] records various information on injuries received by people who had TASER discharged against them, and on injuries sustained by officers who deployed TASER.

Injuries received by people who had TASER discharged against them are recorded as primary and secondary injuries. Primary injuries are the expected effects following exposure to a TASER discharge, resulting from contact of the TASER via probe penetration (discharge with probes) or contact stun. A person may have small probe wounds on their skin as a result of probe penetration, and the area around the wound may be reddened and raised, similar to a bee sting in appearance. If the TASER probes only make contact with a subject's clothing, they may have two small areas of reddened skin or blistering. If probes are not discharged and contact stun mode is deployed, the area that connected with the TASER may show minor blistering and redness of the skin.

Secondary injuries are those that may occur as a result of physical injury directly associated with a TASER discharge. TOR data indicates that on the occasions that secondary injuries occur, they usually involve injury from falls, including abrasions, scratches, or minor lacerations, with the head being the principal risk area.

4.2 Injuries received by people involved in TASER TOR discharge events

Table 26 below shows the number of people who were reported as receiving primary injuries as a result of TASER discharge during the reintroduction period. This shows that in 57% (n = 8) of the 14 TASER discharge events, eight people received primary injuries as a result of the TASER discharge. All of these were minor probe wound injuries, which are an expected outcome of TASER discharges. Such injuries do not occur where TASER probes do not penetrate a person's skin, or where both TASER probes miss the person.

Table 26: Number of people injured by TASER discharge

	n	%
Yes	8	57
No	6	43
Total	**14**	**100**

'n' = the number of TASER TOR events

Of the six TASER discharge events where people were not injured, there were four events where the probes did not penetrate clothing. The remaining two events were contact stun deployments, where it was reported that the people involved did not receive any injuries.

In one of the events where the person received a TASER discharge primary injury, they also received a secondary injury as an indirect result of the TASER discharge. In this instance, the person received a cut/scrape/abrasion and swelling/bruising to the head/face area, of minor severity. As noted, these injury types are usually caused by the person falling to ground following the TASER discharge; however, in this instance the cause of these injuries is not clearly indicated.

Thus, during the TASER reintroduction period, excluding minor probe wounds (primary injuries), there was one secondary injury of minor severity. No moderate or serious injuries were sustained by people who had TASER discharged against them. Notwithstanding the short term unpleasant and painful effects of neuromuscular incapacitation for these people, TASER deployment may have resulted in fewer injuries and less serious injuries, than would have resulted if other tactical options were deployed. TOR data, for example, shows that shootings, dog bites, baton strikes and empty hand tactics are the highest injury causing tactical options.

4.3 Medical attention received by people involved in TASER TOR discharge events

New Zealand Police TASER policy requires that a person who has had a TASER discharged against them, by discharge with probes or contact stun mode, must be provided with appropriate aftercare and constantly monitored until examined by a registered medical doctor. A medical practitioner must examine all people who have TASER discharged against them, as soon as practicable (see Appendix A 4).[2]

In 13 of the 14 TASER discharge events the person who had TASER discharged against them was monitored until appropriate aftercare was provided, while in one event this data was not reported. In all of the 14 TASER discharge events, the person who had TASER discharged against them was either seen by a Police Medical Officer (PMO), ambulance staff, or sent to hospital. One person subsequently refused any medical treatment.

New Zealand Police TASER policy also states that when a person has been restrained following a TASER discharge, it is important to provide verbal reassurance as to the temporary effect of the TASER discharge and to instruct the person to breathe normally to aid recovery (see Appendix A 4).

In 12 of the 14 TASER discharge events, the person was given verbal reassurance following TASER discharge; in one event this data was not reported, and in one event the person was not given verbal reassurance. It is unclear why the person was not given verbal reassurance, however, members of the public were in immediate danger, and the event was subsequently confirmed to be a homicide, so it was likely impractical or unsafe to do so.

4.4 Injuries received by officers involved in TASER TOR events

The use of force environment is a key risk environment for officers. TOR data shows that events where baton and empty hand tactics (or physical force) are used, have the highest officer injury rates. Table 27 shows the number of officers that reported injuries at TASER TOR events during the reintroduction period. This shows that in the vast majority of TASER events (96%; n = 156) officers did not report sustaining any injuries.

Table 27: Number of officers injured at TASER TOR events

	n	%
Yes	6	4
No	156	96
Total	**162**	**100**

'n' = the number of TASER TOR events

Furthermore, there were no injuries to officers in events where TASER was discharged. The six events where officers did sustain injuries were TASER show events, and in two of those events TASER was the only tactical option used. In three of the remaining four events TASER and handcuffs were used, while in the last event TASER was used with empty hand tactics.

All of the injuries sustained by officers at TASER show events were of minor severity. As shown in Table 28, the injury types comprised cuts/scrapes/abrasions, swelling/bruising, contact with human saliva or blood, and a sprain/strain. Officers sustained these injuries in the hand/wrist (n = 3), head/face (n = 1), neck/throat (n = 1), groin/hip (n = 1), and ankle/foot (n = 1) areas. The one 'other' injury sustained by an officer was a sore abdomen and groin from being kicked in this region.

Table 28: Officer injury types at TASER TOR events

	n	%
Cut/scrape/abrasion	4	44
Swelling/bruising	2	22
Contact with human saliva or blood	1	11
Sprain/strain	1	11
Other	1	11
Total	**9**	**100**

'n' = the number of injury types

Thus, TASER events during the reintroduction period resulted in six officers and eight members of the public sustaining injuries of minor severity, with no moderate or serious injuries received. As the use of force environment is a key risk environment for officers and the public, such low injury and injury severity rates resulting from TASER deployment are of significance for ongoing staff and public safety. Further, aligning with Police's Prevention First operating model, effective deployment of TASER may prevent (re)offending by the public (including assaults on police) at TASER events, and staff and public injury associated with any such offending.

[1] Version 1, which was used by New Zealand Police from 1 January 2007 to 30 June 2010.
[2] Current TASER policy clarifies that a registered medical doctor must examine anyone who is exposed to the application (ie, discharge or contact stun) of a TASER as soon as is practicable.

5 Conclusion

5.1 Summarising TASER deployment during the TASER reintroduction period

Tactical Options Reporting (TOR) data shows that TASER deployment during the reintroduction period contributed to successfully de-escalating the vast majority of events where it was deployed. In over 90% of these events the TASER was deployed in show mode only, and the few injuries sustained by members of the public and officers at these events were only minor in nature.

Reintroduction period TOR data also shows that multiple TASER discharges were used considerably less frequently during the TASER reintroduction period than they were during the TASER trial, and that officers used TASER discharge as the highest mode of deployment considerably less than during the TASER trial. More broadly, there were only 16 TASER events per 10,000 apprehensions, and one or fewer TASER events per 10,000 population, in each of the four Police districts during the TASER reintroduction period.

These observations need to be assessed against the incidents and behaviours that officers described facing at TASER events during the reintroduction period. Violent behaviour was exhibited, and weapons were present in over half of events; non-police were threatened in over a third of events; there was violence towards non-police in a fifth of events; police were threatened with a weapon in just under a fifth of events; and nearly half of the people involved were suspected of being under the influence of alcohol and/or other drugs. And, in not quite half of events officers reported that communication had no or very little effect on the person involved. Note that an event may be characterised by one or more subject behaviours or factors, as one or more of these may be displayed by a person at an event. Despite these circumstances, the vast majority of TASER events were resolved without TASER being discharged.

Another important context against which to assess TASER deployment by the New Zealand Police is public complaints about TASER. During the TASER reintroduction period the New Zealand Police Professional Standards Group received one TASER related complaint from a member of the public, which was not upheld, as the officer was found to have warned TASER deployment during an unlawful arrest. There were also two TASER related incidents that were identified internally and referred to the Independent Police Conduct Authority (IPCA). Both of these were pre-operational unauthorised TASER discharges, which were upheld. There were no TASER related notifications under s13 of the IPCA Act 1988 (ie, where the Commissioner of Police is required to notify the Authority of death or serious bodily harm caused by, or appearing to be caused by, a Police employee in the execution of their duty). Thus, of the 162 TASER events during the reintroduction period, 2% (n = 3) resulted in notification to the IPCA regarding Police's actions, with only one of these incidents involving the public in an operational setting.

Together, these findings indicate that reported TASER deployment during the TASER reintroduction period could, overall, fairly be described as being successful and effective. Indeed, TASER has proven to be an effective additional tactical option for New Zealand Police confronting serious, threatening, violent and/or life endangering situations during the TASER reintroduction period. Further, aligning with Police's Prevention First operating model, effective deployment of TASER may prevent (re)offending by the public (including assaults on police) at TASER events, and staff and public injury associated with any such offending.

This is not to say that there is no room for improvement in the use of force environment, including where TASER is deployed. The use of force environment offers crucial opportunities for individual and organisational operational improvement in support of the New Zealand Police vision of safer communities together; mission to prevent crime and road trauma, enhance public safety and maintain public order; and Prevention First operating model. Ensuring effective training, policy and practice, including on the use of communication, and where necessary, the appropriate deployment of tactical options, including TASER, is crucial to these goals.

There is a public expectation, expressed through legislation (s62 of the Crimes Act 1961), that New Zealand Police administer their use of force role with due diligence and care. Consequently, there is rightly high public interest in the use of force by Police, including TASER deployment. This report, which follows the Operational Evaluation of the New Zealand Police TASER Trial, is part of ongoing work by the New Zealand Police Tactical Options Research Team to monitor TASER deployment. This work includes a report monitoring TASER deployment during the first 15 months of the national roll out of TASER to all districts, from 22 March 2010 to 30 June 2011. It also includes a series of six monthly and annual reports that monitor TASER deployment, from 1 July 2011 onwards. New Zealand Police is confident that these systems greatly assist the organisation to be at the forefront of international best practice for monitoring, and providing public accountability for, TASER deployment.

Glossary

Arcing	Arcing means activating the TASER without the air cartridge attached (but not discharging it).
Armed Offenders Squad (AOS)	The Armed Offenders Squad (AOS) is a specialist unit that deals with any armed offender incident that is deemed to be beyond the capabilities of the General Duties Branch (GDB).
Assaultive	Assaultive is a category in the Perceived Cumulative Assessment (PCA), which is represented in the Tactical Options Framework (TOF). Assaultive is defined as intent to cause harm, expressed verbally, and/or through body language/physical action.
Crisis Assessment Team (CAT)	Crisis Assessment Teams (CAT) provide mental health services in emergencies.
Child Youth and Family (CYF)	Child Youth and Family.
Criminal Investigations Branch (CIB)	The Criminal Investigations Branch (CIB) is a specialist investigative branch that deals with complex and/or serious criminal investigations.
Code of Conduct	The Code of Conduct establishes the standards of behaviour expected of all New Zealand Police employees. The cornerstone of this Code is that all employees of New Zealand Police will work to the highest ethical standard.
Constable or officer	A constable is a constabulary employee, authorised officer (depending on the terms of their employment) or temporary constable. In this report the term officer is used to describe any constable.
CEW, CED or EMI device	A Conducted Energy Weapon (CEW), Conducted Energy Device (CED) or Electro Muscular Incapacitation (EMI) device – commonly known by the brand name “TASER” - utilises an electrical discharge to disrupt the body’s ability to communicate messages from the brain to the muscles. In doing so, a TASER causes temporary incapacitation through motor skill dysfunction or neuromuscular incapacitation.
Contact stun	Contact stun means activating a TASER with or without the air cartridge attached while the device is applied to the person’s body, which utilises pain compliance. Note: the Operational Evaluation of the New Zealand TASER trial referred to contact stun as ‘drive stun’.
Cooperative/compliant	Action in accordance with request or command.
Control	Dominate, direct or restrain.
Deholster and deholstering (or draw and drawing)	Deholster and deholstering (or draw and drawing) means removing an appointment from its method of carriage, e.g. removing a TASER from its holster, without showing it at a person. However, for the purposes of this report, deholstering is incorporated in TASER show data.
Deployment (of TASER)	Deployment (of TASER) is a generic term referring to all modes of TASER deployment ie, deholstering, presentation, laser painting, arcing, discharge with probes and contact stun.
Discharge	Discharge is a generic term that includes TASER

	discharge with probes and contact stun.
Discharge with probes	Discharge with probes means firing two probes over a distance from an air cartridge attached to the TASER, or subsequent applications of electrical current via probes, which are in contact with the person after firing.
District TASER Coordinators	District TASER Coordinators maintain records of their district's TASERs, and associated documents for audit purposes. Full details of the District TASER coordinator's role are in the Police TASER policy (see District TASER coordinators) in Appendix 4.
Duly Authorised Officer	A Duly Authorised Officer (DAO) is a person authorised by the Director of Mental Health Services to perform the functions and exercise the powers conferred on DAOs by or under the Mental Health (Compulsory Assessment and Treatment) Act 1992.
Empty hand tactics or techniques	Empty hand tactics or techniques are close quarter skills using arms and legs to distract, control, or defend against a person.
Excess of force and excessive force	While constables are authorised by law to use force, they are also criminally responsible for any excessive use of force, according to the nature and quality of that excessive force. See section 62 of the Crimes Act 1961.
Excited delirium	'Excited delirium' means a state of extreme mental and physiological excitement characterised by extreme agitation, hypothermia, euphoria, hostility, and exceptional strength and endurance without apparent fatigue. Excited delirium is not, however, a universally recognised medical condition.
General Duties Branch (GDB)	The General Duties Branch (GDB) comprises officers who are first responders to a wide range of frontline incidents.
Highest mode of deployment	TASER TOR event data in this report is presented by highest mode of deployment, that is, the highest mode of use (deholstering, presentation, laser painting, arcing, or discharge) is reported. Where TASER discharge is the highest mode of deployment, the data includes all TASER discharges with probes and/or contact stuns; however, any TASER show that preceded or followed the discharge is excluded from the data. For example, if an officer used discharge with probes mode only, this is the highest mode of deployment; while if an officer used laser painting mode, followed by discharge with probes mode, discharge with probes is the highest mode of deployment. If an officer used discharge with probes mode and contact stun mode at the same TOR event, both of these discharge modes are reported. Where TASER show is the highest mode of deployment, the data includes the highest mode of deployment in show mode, that is, either deholster, presentation, laser painting, or arcing. Thus, if an officer used laser painting mode only, this is the highest mode of deployment; while if an officer used presentation mode, followed by laser painting mode, laser painting is the highest mode of deployment.

Incident location	Incident location refers to the physical location of an incident attended by Police; in this report, the location where TASER was deployed ie the TOR event location.
Incident type	Incident type refers to the type of incident that an officer determines best characterises a TOR event eg, a domestic dispute (1D) incident or mental health (1M) incident.
Independent Police Conduct Authority (IPCA)	The Independent Police Conduct Authority (IPCA) is an independent body that considers complaints against New Zealand Police and oversees their conduct. The Authority is established by law to be fully independent. It is headed by a District Court Judge, and supported by independent investigators.
Injuries	In TOR data, injuries sustained by officers or members of the public are classified as follows: minor injury – no, officer, or self-treatment; moderate injury – medical treatment (but no hospital admission); and severe injury – hospital admission. Note: fatal injuries associated with TASER use (or any tactical option) are not reported in a TOR form, but are subject to in-depth internal and external investigations.
Justified (use of force)	Justified, in relation to any person, means not guilty of an offence and not liable to any civil proceedings.
Laser painting	Laser painting means applying the laser sighting system of the TASER on a person as a visual deterrent.
Less lethal weapons	Less lethal weapons (LLW) refer to weapons used to control violent, combative people, usually without life threatening risk to the person. Less lethal weapons include OC spray, conducted-energy devices (eg, TASER), and tear gas. Less lethal weapons do not necessarily preclude serious injury or even death, as any use of force has such potential.
National Intelligence Application (NIA)	New Zealand Police's National Intelligence Application (NIA).
Oleoresin Capsicum (OC) spray	Oleoresin Capsicum (OC) spray is also commonly referred to as pepper spray.
Perceived Cumulative Assessment (PCA)	The Perceived Cumulative Assessment (PCA) is a constable's subjective assessment, and continuous reassessment, of an incident based on information known about the situation and the subject's behaviour. The PCA may escalate and/or de-escalate more than once during an incident. There are five categories in the PCA - cooperative, passive resistant, active resistant, assaultive, GBH/death - which are represented in the Tactical Options Framework (TOF).
Police Medical Officer (PMO)	A Police Medical Officer (PMO) is a general practitioner contracted for the purpose of providing services as a Police Medical Officer.
Police Negotiation Team	Police Negotiation Teams (PNT) are attached to the Armed Offenders Squad (AOS). The Police negotiators in these teams are trained in psychology and crisis intervention techniques.
Police Professional Standards Group	The Police Professional Standards Group responsibilities include providing the Commissioner with assurance that

	matters involving misconduct by police are transparently investigated to the required standard; confidence that Police obligations to the Independent Police Conduct Authority are complied with; visible leadership in ethics and integrity; and the implementation of preventative strategies that enhance the worldwide reputation of New Zealand Police.
Presentation	Presentation means drawing and presenting the TASER at a person as a visual deterrent.
Prevention First	Prevention First is the operating strategy for New Zealand Police that places prevention at the forefront of the organisation and people at the very centre. The strategy focuses on targeted policing to reduce offending and victimisation.
Reasonable force	New Zealand case law suggests that reasonable force includes force that is necessary and proportionate, given all the circumstances known at the time. Except in the case of self-defence, reasonableness must be assessed objectively, i.e. by the standards of the person on the street - not (subjectively) by the standards of the person using force. See section 39 of the Crimes Act 1961.
Reportable force	'Reportable' force is use(s) of force that must be reported in a Tactical Options Reporting (TOR) form, the criteria for which are in the New Zealand Police Use of Force policy.
Resolution type	Resolution type refers to the manner in which an incident is resolved, for example, by the person being arrested and charged.
Royal New Zealand Police College (RNZPC) and Training Service Centre (TSC)	The Royal New Zealand Police College (RNZPC) and Training Service Centre (TSC) provide initial education and training to recruits, and ongoing training to constabulary employees.
Show force	Show force means presenting a tactical option at a subject, eg, presenting, laser painting or arcing a TASER.
Statistical Package for Social Sciences (SPSS)	The Statistical Package for the Social Sciences (SPSS) is a computer software programme used to statistically analyse quantitative data.
Staff Safety Tactical Training (SSTT)	As part of their training at the Royal New Zealand Police College (RNZPC), recruits are trained in the appropriate use of approved defensive tactics (including mandatory appointments), TASER and firearms. During the TASER reintroduction period this training was called Staff Safety Tactical Training (SSTT); it is now called Police Integrated Tactical Training (PITT). The SSTT/PITT programme also provides the means for regularly refreshing constables' knowledge and skill in these areas.
Special Tactics Group (STG)	The Special Tactics Group (STG) is a specialist unit that deals with any armed offender incident that is deemed to be beyond the capabilities of the Armed Offenders Squad (AOS).
Tactical Options Framework (TOF)	The Tactical Options Framework (TOF) is a training and operational tool that assists constables to appropriately decide when, how, and at what level to use a tactical option(s). The TOF guides constables to use force that is

	necessary and proportionate, given all the circumstances known at the time.
Tactical Options Research Team	The Tactical Options Research Team is based in Operations Group at PNHQ. The team undertakes research and analysis on, and monitoring and evaluation of, the use of force/tactical options deployment environment. This work assists evidence-based decision making to improve staff and public safety.
TASER	TASER, an acronym for 'Thomas A Swift's Electric Rifle', is a brand name for a Conducted Energy Weapon (CEW), Conducted Energy Device (CED), or electro muscular incapacitation (EMI) device. Also see CEW, CED or EMI device.
TASERcam	TASERcam is an audiovisual recording device, which is fitted to the X26 TASER used by New Zealand Police, to record footage before, during and after TASER deployment.
TASER policy	TASER policy is the New Zealand Police written policy providing instructions to constables on TASER, including the legal authority to use TASER, carrying and deploying TASER, and post-incident procedures (see Appendix 4).
Tactical Options Reporting (TOR) data	Tactical Options Reporting (TOR) data is derived from TOR forms, and counts TOR events and the number of tactical options used.
Tactical Options Reporting Database (TORD)	The Tactical Options Reporting Database (TORD) includes the Tactical Options Reporting (TOR) form, in which officers report the use of force/tactical options deployment.
Tactical Options Reporting (TOR) event	A Tactical Options Reporting (TOR) event is the reportable use of one or more tactical options, by one officer, against one individual.
Tactical Options Reporting (TOR) form (or Tactical Options Report)	A Tactical Options Reporting (TOR) form is an electronic document in which constables report use of force/tactical options use(s), in accordance with the reporting requirements in the Use of Force chapter. The TOR form allows officers to record reportable use(s) of force involving handcuffs, empty hand tactics, OC spray, baton, dogs, weapons of opportunity, TASER, and firearms.
Tactical Options Reporting (TOR) incident	A Tactical Options Reporting (TOR) incident is the collective term for all TOR events relating to specific situation / incident, where force has been used against one or more persons, by one or more officers.
Use force	Use force means the application of force on a subject, eg, using a TASER by discharge with probes and/or contact stun.
Use of Force policy	The Use of Force policy is the New Zealand Police written policy providing instructions to constables on operational use of force, including the legal authority to use force, and reporting use of force.
X26 TASER	The model of TASER used during the New Zealand Police TASER trial and TASER reintroduction period.

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Appendices

Appendix 1 Methodology

A 1.1 Methodological approach

The data in this report is primarily derived from quantitative data from the New Zealand Police Tactical Options Reporting (TOR) form, in which officers report the use of force/tactical options deployment. The report also utilises TOR qualitative data - officers' written explanations of an incident where TASER was deployed - to enhance TOR event quantitative data.

Where possible, the report compares TOR data from the reintroduction period with TOR data from the Operational Evaluation of the New Zealand TASER Trial report. This enables a comparison of the nature, extent and outcomes of TASER deployment between the TASER reintroduction period and earlier TASER trial in the same four Police districts.

To enable a full understanding of the data presented in this report, the sections below provide further detail about TOR data, TOR events, and how TOR data was analysed interpreted.

A 1.2 Tactical Options Reporting data

TOR database quantitative data comprises a range of information, self-reported by officers, in mandatory and non-mandatory fields.[1] Information that can be recorded includes demographics of the officer(s) and person(s) involved, and event characteristics and outcomes.

TOR database qualitative data is self-reported by officers in a free-text field in the TOR form, where officers describe the TOR event from their own perspective. This narrative usually comprises a range of information, including any further detail on:

- the background to the incident
- the incident itself
- the person against whom a tactical option was deployed (eg, history of violence)
- the legal justification for the use of force
- any injuries sustained by the reporting officer and/or the person against whom a tactical option was deployed; and
- how the incident was resolved.

A 1.3 Tactical Options Reporting events

TOR data is derived from individual Tactical Options Reports in the TOR database, and is exported from the database in the form of TOR events.

A TOR event is the reportable use of one or more tactical options, by one officer, against one individual. As such, a TOR event may constitute a whole incident (where one officer uses force against one individual only) or part of an incident (where one officer uses force against more than one individual; or where more than one officer uses force against one or more individuals).

A TASER TOR event is where a TASER is deployed by one officer, against one individual, in one or more of the following modes:

- deholstering - when the TASER is removed from its holster but is not shown or discharged
- shows - presentation, laser painting and/or arcing, and
- discharges - discharge with probes and/or contact stun.

While TASER deholsterings were not mandatory to report during the TASER reintroduction period (and are still not), some officers chose to report them. For the purposes of this report, deholsterings are incorporated in TASER show data.

Finally, TOR events in this report do not include any unintentional discharges of TASER (see Appendix 1, section A 1.8.7).

A 1.4 TASER Tactical Options Reporting data

As in the TASER trial, during the TASER reintroduction period officers submitted Tactical Options Reports into the first version of the TOR database, which was used by New Zealand Police between 1 January 2007 and 30 June 2010. Thus, TASER trial and TASER reintroduction period data is directly comparable.

Officers must report TASER deployment into the TOR database in accordance with the reporting requirements in the TASER and Use of Force policies. During the TASER reintroduction period, officers were required to report any shows (presentation, laser painting, and arcing) and discharges (discharge with probes and contact stun) of a TASER into the TOR database (excluding any training deployments). In addition, although not mandatory to report, some officers reported TASER deholsterings.

There were (and remain) two exceptions to these mandatory reporting requirements. First, the Use of Force policy exempts the Armed Offenders Squad (AOS) and Special Tactics Group (STG) from reporting shows, but not non-lethal discharges, of TASER. However, although not mandatory to report, AOS officers did report three TASER show events in the period 1 December 2008 to 28 February 2009 (see section 2.1).

Second, fatalities associated with TASER use (or any other tactical option) were not (and are still not) reported in a TOR form, but were (and are still) the subject of internal and external investigations. To date, however, there have been no fatalities associated with TASER deployment by New Zealand Police.

A 1.4.1 TASER Tactical Options Reporting data by highest mode of deployment

TASER TOR event data is presented by 'highest mode of deployment' ie, the highest mode of use is reported. Modes of TASER deployment are: deholstering (when the TASER is removed from its holster but is not shown or discharged); shows (presentation, laser painting or arcing); and discharges (discharge with probes and/or contact stun). While TASER deholsterings were not mandatory to report during the TASER reintroduction period (and are still not), some officers chose to report them. Thus, in this report, deholsterings are incorporated in TASER show data.

Where TASER discharge is the highest mode of deployment, the data includes all TASER discharges with probes and/or contact stuns; however, any TASER show that preceded or followed the discharge is excluded from the data. For example, if an officer used

discharge with probes mode only, this is the highest mode of deployment; while if an officer used laser painting mode, followed by discharge with probes mode, discharge with probes is the highest mode of deployment. If an officer used discharge with probes mode and contact stun mode at the same TOR event, both of these discharge modes are reported.

Where TASER show is the highest mode of deployment, the data includes the highest mode of deployment in show mode, that is, either deholster, presentation, laser painting, or arcing. Thus, if an officer used laser painting mode only, this is the highest mode of deployment; while if an officer used presentation mode, followed by laser painting mode, laser painting is the highest mode of deployment.

A 1.5 Tactical Options Reporting data cleaning, coding and analysis

TOR data cleaning, coding and analysis was undertaken by the Tactical Options Research Team. First, TASER TOR quantitative data from the TASER reintroduction period was exported from the TOR database into the Statistical Package for Social Sciences (SPSS) programme. The data was then cleaned and coded. Data cleaning and coding included:

- checking quantitative TASER TOR data against TOR narrative descriptions, to ensure that all TASER shows reported did not also involve a TASER discharge (ie, a discharge that was mentioned in the narrative but not reported quantitatively)
- checking quantitative TASER TOR data against TOR narrative descriptions, to ensure that no unintentional TASER discharges, or TASER discharges against animals were reported in the TOR form (which records the use of force against people only)
- identifying all TASER discharges against animals, and analysing them separately
- checking injury data for people who had TASER discharged against them, against TOR narrative descriptions, to ensure that any primary (ie, probe wounds) and secondary injuries (ie, injuries as a result of physical trauma directly associated with a TASER discharge eg, an injury from a fall) were correctly recorded
- checking injury aftercare data for people who had TASER discharged against them, against the TOR narrative description, to ensure that this data was correctly recorded
- further coding and analysis of TASER TOR quantitative and qualitative data on TASER discharges against children (0-13), youth (14-16), those aged 61 and over, the mentally ill, and the suicidal, to provide additional information on these TASER deployments
- checking and, where necessary, re-coding 'weapon type' data to align with common Police weapon type codes (eg, cutting/stabbing weapon)
- examining 'other' data categories and, where possible, re-coding them, either by merging them with analogous pre-existing codes, or creating new codes; and
- coding TOR quantitative data using coding schedules developed by the Tactical Options Reporting Team.

During the data cleaning and coding process the original data entry was only amended where other data clearly indicated that a data entry error had occurred; if such evidence was only partial, the original data entry was unchanged.

Once cleaned and coded, the most relevant and useful variables were selected for analysis. Criteria for selection included how relevant the data was to TASER deployment, the reliability and usefulness of data, and known and likely public interest

in the data. Data selected for analysis was then analysed using descriptive statistics (frequencies and cross tabulations). Resulting analyses were presented in tables (note that percentages in tables may not add to 100% due to rounding). All data analysis and tables was peer reviewed for accuracy and quality assurance purposes.

Researchers also read all TOR narratives (qualitative data) submitted by officers during the reintroduction period. Detail from these narratives was summarised and used to enhance TOR event quantitative data, where required or desirable. However, as the level of detail in TOR narratives varies, the level of detail able to be provided in this report varies also.

A 1.6 Tactical Options Reporting events by Police apprehensions

Chapter Three includes an analysis of TASER TOR event data in the context of the number of police apprehensions. An apprehension means that a person has been dealt with by the police in some manner (eg, a warning, prosecution, referral to youth justice family group conference) to resolve an offence. In some circumstances 'dealt with by the Police' may mean that the alleged offender has been found to have a mental health condition or is in custody, so no further action is taken other than to document the offence. Police apprehension data does not represent the number of offences or offenders, as one offender of may be apprehended for multiple offences, or multiple offenders may be apprehended for one offence.

TASER TOR event data is analysed in the context of the number of apprehensions as it indicates the proportion of apprehensions that result in reported TASER deployment. The resulting rate of TASER TOR events per 10,000 apprehensions is derived by dividing the total number of TOR events by the total number of apprehensions during the 13 month reintroduction period, and multiplying the result by 10,000 (see Appendix 1, section A 1.8.1 for the limitations of administrative/TOR data).

A 1.7 Research limitations

New Zealand Police strongly advises readers and users of the data in this report to take the limitations of this research into consideration.

This report is an analysis and monitoring report, which presents a range of data to enable New Zealand Police and the public to be informed about and monitor TASER deployment by police during the reintroduction period. While the report draws some conclusions about the outcomes of TASER events, it does not fully measure or evaluate the effectiveness of TASER during the reintroduction period; such conclusions cannot be drawn from TOR data alone.

As noted in Appendix 2, section A 2.2, 316 frontline GDB and AOS officers were trained to use TASER during the TASER reintroduction period. Seventeen (17) TASERs were available for use across Waitematā, Auckland City and Counties Manukau police districts, while 15 were available for use in Wellington District. Thus, not all officers were trained and/or had access to TASER as a tactical option (while other tactical options like OC spray and batons are, however, issued to and carried by all officers). Accordingly, this report cannot assess whether the availability of TASER contributed to any reduction in the use of other tactical options, or injuries to police and the public.

Further, the views of people who had TASER deployed against them are not included in this report. Thus, their views of the event, including their behaviours and experiences of TASER deployment, are not represented in this report.

A 1.8 Tactical Options Reporting data limitations

New Zealand Police strongly advises readers and users of data in this report to take the limitations of Tactical Options Reporting data used in this report into consideration.

A 1.8.1 Administrative data limitations

TOR data in this report is the most accurate available. Data entry errors were corrected where possible; however, given the large number of data categories in the TOR database, some data entry errors may remain. As such, data from the TOR database - like all large administrative databases - cannot be regarded as absolutely accurate. While some data inaccuracies may remain, however, New Zealand Police is confident that the data is more than sufficiently accurate to monitor and describe reported TASER deployment by police during the TASER reintroduction period.

TOR data in this report largely presents a quantitative overview of TASER deployment, which does not provide a nuanced understanding of the factors that influence TASER deployment. Also, where the number of TASER TOR events is small, slight increases or decreases in these numbers result in large percentage differences, and large differences in the rate of TASER TOR events per 10,000 apprehensions. Accordingly, caution should be exercised when comparing TOR data Police between districts and areas, and over time.

A 1.8.2 Self-report data limitations

As noted in Appendix 1, section A 1.2, TOR database data is self-reported by officers. The limitations of self-report data (particularly pertaining to self-reported offending data) are widely recognised. These limitations include the possibility that the information reported is exaggerated or untruthful, and that admissions of wrongdoing - in this case, unjustified use of force - are under-reported (Jupp, 1989; Fielding and Thomas, 2001). Justified use of force may also be under-reported. These limitations may apply to TOR database data, and should be considered when interpreting this data.

A 1.8.3 Incident type data limitations

The TOR database requires officers to report the Police incident type, that is, the type of incident that an officer determines best characterises a TOR event. Incident type data includes, for example, a domestic dispute (1D) incident, a mental health (1M) incident, or a car/person acting suspiciously (1C).

The TOR database only allows one incident type to be recorded. For example, if a TOR event involved domestic dispute (1D), where the officer assessed that the person had mental health issues (1M), the officer could only record one of these incident types ie, 1D or 1M. Thus, the incident type reflects the most significant factor associated with a TOR event, and may therefore under-estimate the extent to which all factors associated with an event are represented.

A 1.8.4 Ethnicity data limitations

This report includes data on the age, sex and ethnicity of people who had TASER deployed against them. Data on the age (derived from the date of birth) and sex of people is generally accurate. Ethnicity data is, in principle, based on self-reported ethnicity. However, it is not always possible to record self-reported ethnicity. Reasons for this include that the person may be intoxicated, drugged and/or may not understand the term 'ethnicity'. In these instances, the officer utilises other into available information, including previous NIA records on that person, or personal knowledge about the person's family. The extent to which offender ethnicity in the TOR database is self-reported or based on police impressions is unknown. Furthermore, NIA has a limited number of ethnicity categories, and can only record a single ethnicity for a given person. Thus, ethnicity data should be viewed with caution.

A 1.8.5 Mental health and suicide data limitations

The TOR database records information about behaviours exhibited by people against whom TASER was deployed. This data includes events where officers have assessed that a person has mental health issues and/or is suicidal. This data should be treated with caution as an officer's assessment does not represent a diagnosis by a mental health professional, so may under or over-estimate the prevalence of mental health issues and/or suicidal behaviour.

Furthermore, in some TOR events people are assessed as having mental health issues, *and* being suicidal. Where this occurs, these same people are represented as having mental health issues *and* being suicidal; thus, this behaviours exhibited data cannot be summed together.

Finally, where an incident is identified as, for example, a mental health (1M) incident type, the person that police consider to be experiencing mental health issues may, or may not, be the person who had force used against them at that 1M event (see Appendix 1, section 1.8.5 for the limitations of 1M incident type data).

A 1.8.6 Non-mandatory quantitative data fields

As noted in Appendix 1, section A 1.2, some quantitative fields in the first version of the TOR database were not mandatory to complete. Non mandatory fields relevant to this report were:

- the location type (eg, street)
- the incident type (eg, mental health)
- whether it was believed that the person has a weapon
- the weapon type believed present
- the weapon type used by the person
- whether the deployment of TASER was spontaneous or planned
- the physical environment where TASER was discharged
- whether the person who had TASER deployed against them was given a warning
- whether the TASER was used in laser painting or arcing mode
- what effect a TASER show had on the person's behaviour
- whether alcohol or other drug use was known or confirmed after the incident
- officer injury severity; and
- officer injury location.

Despite the number of non-mandatory fields, officers completed the vast majority of fields in the TOR database. In 44 of the 148 TASER show TOR events, officers did not specify if more than one type of show mode was deployed, where there may or may not have been more than one show mode deployed. In seven TOR events, officers did not report the incident type, while in one TOR event, the officer did not report whether the person who had TASER deployed against them was given a warning. Other relevant incomplete non-mandatory quantitative fields were able to be completed by the researchers based on data in other quantitative fields and/or from TOR narrative descriptions.

A 1.8.7 Unintentional discharges of TASER

Finally, prior to 22 March 2010, there was no centralised database or system for reporting the unintentional discharge of TASER. Accordingly, this report does not include data on unintentional discharges of TASER during the TASER reintroduction period.[2]

A 1.9 Ethics statement

In compiling this research report, the Tactical Options Research Team complied with the principles of the Privacy Act 1993 and New Zealand Police information security requirements.

In accordance with the principles of the Privacy Act 1993, TOR data in this report is used for statistical and research purposes and is not published in a form that could reasonably be expected to identify the person concerned. Furthermore, the TOR data utilised for this report is protected, by security safeguards as it is reasonable in the circumstances to take, against loss; access, use modification, or disclosure (except with the authority of New Zealand Police); and other misuse.

In accordance with New Zealand Police information security requirements, TOR data including personal information was treated confidentially, and only viewed by researchers involved in the project. All data and documents with personal or other identifying information were kept in a secure cabinet, and all electronic data was kept in a secure database and secure electronic folder. When in use, all data and documents were not stored or left in areas or places where visitors or members of the public could gain unapproved access to them.

A 1.10 Disclaimer

New Zealand Police makes no warranty, expressed or implied, nor assumes any legal liability or responsibility, for the accuracy, correctness, completeness, or use of, the data or information in this publication. Further, New Zealand Police shall not be liable for any loss or damage arising directly or indirectly from reliance on the data or information presented in this publication.

Appendix 2 Legal authority to use force, TASER training and policy

A 2.1 Legal authority to use force

As now, during the TASER reintroduction period, officers' authority to use force in the lawful execution of their duty derives from the law, primarily the Crimes Act 1961. When necessary to use force, officers must, according to law, use only reasonable force. Reasonable force includes force that is necessary and proportionate, given all the circumstances known at the time.

While officers are legally authorised to use force, they are also criminally responsible for any excessive use of force, according to the nature and quality of that excessive force (s62 Crimes Act 1961). Officers are liable to civil and/or criminal proceedings, and internal disciplinary action under the New Zealand Police Code of Conduct, for any excessive use of force.

During the TASER reintroduction period, New Zealand Police TASER policy outlined the legal authority to use force, instructing that TASER may only be deployed to:

- defend yourself or others, if you fear physical injury to yourself or others, and you cannot reasonably protect yourself or others less forcefully (section 48 of the Crimes Act 1961)
- arrest an offender if you believe on reasonable grounds that the offender poses a threat of physical injury and the arrest cannot be effected less forcefully (sections 31, 32 and 39 of the Crimes Act 1961)
- resolve an incident where a person is acting in a manner likely to physically injure themselves and the incident cannot be resolved less forcefully (section 41 of the Crimes Act 1961)
- prevent the escape of an offender if you believe on reasonable grounds that the offender poses a threat of physical injury to any person, and the escape cannot be prevented less forcefully (section 40 of the Crimes Act 1961); or
- deter attacking animals (see Appendix 4).[3]

A 2.2 TASER training and policy

As with the TASER trial, officers certified to use TASER during the reintroduction period were required to:

- have more than two years police experience (ie, not probationary constables)
- hold a current New Zealand Police First Aid certification
- hold a current New Zealand Police TASER operator's certification
- hold a current New Zealand Staff Safety Tactical Training (SSTT) certification; and
- be approved by the District Commander and National Manager: Professional Standards.

The 316 officers trained to use TASER for the reintroduction period received the same training as officers did for the earlier TASER trial, along with the updates outlined in Appendix 2, section A 2.3. The training, developed by Staff Safety Tactical Training (SSTT) staff at the Royal New Zealand Police College (RNZPC), was based on international good practice. Key aspects of the training, which are also reflected in the Police TASER policy, included:

- an overview of TASER, including electrical and neuromuscular incapacitation
- the legal authority to use force
- the Tactical Options Framework (TOF), which stipulates that TASER is an intermediate option available to officers when a person's behaviour is within or beyond the 'assaultive' range
- restrictions on the use of TASER
- security of TASER eg, storage, records of issue and use, audit of TASER registers, and pre-operational checks
- carriage of TASER
- deployment of TASER eg, warnings prior to deployment, and deployment modes ie, shows (presentation, laser painting and arcing) and discharges (discharge with probes and contact stun)
- unauthorised and unintentional discharges
- aftercare following TASER discharge eg, first aid, medical attention, restraint, reassurance, probe removal, monitoring in custody
- Bill of Rights and caution
- post-incident procedures ie, supervisor reporting, reporting in the Tactical Options Reporting (TOR) database, downloading of evidential data
- the role of District TASER coordinators; and
- training and certification.

A 2.3 TASER carriage and deployment instructions

TASER carriage and deployment instructions during the TASER reintroduction period were the same as the TASER trial. TASERs were not routinely carried by officers during the TASER reintroduction period; they were carried in GDB frontline response vehicles. Officers were required to obtain authorisation from their supervisor (of or above the rank of Sergeant) or Police Communications Centre supervisor (of or above the rank of Sergeant), prior to carriage at an incident. Officers could only carry a TASER if they were qualified and trained to use it, and where their assessment of a situation was that it was possible or likely that they, and their colleagues, may encounter a situation in or beyond the assaultive range in the Tactical Options Framework (TOF).

As now, the Police TASER policy instructed that a TASER may be deployed, in conjunction with a verbal warning, in the following ways:

- presentation – drawing and presenting the TASER at a person as a visual deterrent
- laser painting – applying the laser sighting system of the TASER on a person as a visual deterrent
- arcing – activating the TASER without the air cartridge attached
- discharge with probes – firing two probes over a distance from an air cartridge attached to the TASER, or subsequent applications of electrical current via probes, which are in contact with the person after firing
- contact stun – activating the device with or without the air cartridge attached while the device is applied to the person's body, which utilises pain compliance.

When deploying in laser painting mode, officers were instructed that the laser sight must not be intentionally aimed at a person's eyes. For discharge and contact stun modes, officers were instructed that the head, face, neck, chest and groin area should not be deliberately targeted unless the appropriate level of force can be justified. Further, subsequent applications of the TASER in discharge and contact stun mode were to be avoided. If unavoidable, officers were instructed that any such applications must be reasonable, proportionate, and necessary in the circumstances, and that once the

person is under control or has complied, the trigger finger should be removed from the trigger.

TASER equipment and policy were improved for the TASER reintroduction period. These improvements included:

- the redesign and manufacture of enhanced TASER holster systems
- the purchase and installation of TASERcam, to allow digital recording of the deployment of TASER
- the design and manufacture of secure storage for vehicle carriage of TASER (rather than carriage in the boot of the vehicle); and
- updating training and TASER policy, in light of these developments.

Appendix 3 TASER monitoring and accountability

The TASER reporting and monitoring systems outlined below were established for the TASER trial, and remained in place for the TASER reintroduction period, to help ensure appropriate TASER practice. Further, these systems, and this report, reflect the high public interest in the use of TASER by police, and Police endeavours to provide internal and public accountability for its use.

A 3.1 Tactical Options Reporting

The Tactical Options Reporting (TOR) database includes the Tactical Options Reporting (TOR) form, in which officers report the use of force/tactical options deployment. The TOR database is the primary mechanism for providing individual officer accountability for the use of force. In addition, each TOR form submitted by an officer is reviewed by the officer's supervisor (Acting Sergeant, Sergeant, or Senior Sergeant) and an Inspector. These reviews include a focus on whether the force used was reasonable, and thus lawful, given all the circumstances known at the time (Appendix 1, sections A 1.2 - A 1.4) provide further detail about the about the TOR database and the data it records.

A 3.2 TASERcam

As noted in Appendix 2, section A 2.3, following the TASER trial, Police purchased TASERcam, a digital camera installed inside the TASER device. Instigated and approved by the then Commissioner Howard Broad, TASERcam allowed officers to digitally record TASER deployment during the reintroduction period. Monitored by District TASER coordinators (see Appendix 3, section A 3.4), TASERcam provided further accountability for TASER deployment by New Zealand Police during this time (and on an ongoing basis).

A 3.3 TASER discharge data

In addition to reporting TASER discharges in the TOR database, the Police TASER policy required records of discharge data from each TASER to be kept, which enabled the frequency and duration of TASER discharges to be reliably determined. Records of TASER deployment were required to be audited monthly, by comparing records of download data with information in the TASER register of issue and use. Any discrepancies between the download data and the register that remained unsatisfactorily unresolved after investigation, required reporting to the District Operations Manager, and if still not resolved, to the District Commander. Full details of records and audit procedures (which still exist) are in the Police TASER policy (see Records of issue and use, and Audit of TASER registers in Appendix A 4).

A 3.4 District TASER coordinators

During the TASER reintroduction period, a district TASER coordinator was re-appointed in each of the four districts to maintain records of their district's TASERs, and associated documents for audit purposes. This included conducting monthly downloads of data from TASERs, including TASERcam footage, and the auditing of TASER registers, as described in Appendix 3, section A 3.3 above. Full details of the District TASER coordinator's role (which still exists), are in the Police TASER policy (see Appendix 4, District TASER coordinators).

A 3.5 External Medical Advisory Group

The external Medical Advisory Group (MAG), comprising medical professionals from a range of disciplines, was also re-established for the reintroduction period. The Group's role was (and still is) to review the outcomes of mandatory medical examinations of people who had TASER discharged against them. The Group was also available to provide expert medical advice on relevant matters of significance or risk, if and when they emerged (see Appendix 3, A 3.5 for the roles and responsibilities of the Medical Advisory Group).

Appendix 4 NZ Police Electro muscular incapacitation devices (TASER) policy (to 30 March 2010)

Introduction

The TASER is an Electro Muscular Incapacitation device (EMI). An EMI is a less lethal, conducted energy weapon. This weapon utilises an electrical discharge to disrupt the body's ability to communicate messages from the brain to the muscles. The device causes incapacitation through motor skill dysfunction.

This document is administered by the National Manager; Operations, PNHQ, and details what type of devices are approved for use by New Zealand Police, in what circumstances they can be used and under what conditions and rules.

Approved devices

The only EMI device currently approved for use by the New Zealand Police is the "TASER" X26. It is a rechargeable, single shot device, incorporating optional illumination, laser sights and an integral audio and video record capability. Application can be achieved through:

- discharging of an approved air cartridge at the subject (the TASER delivers an electrical current to the subject by means of probes attached to insulated wires
- direct application to the subject (the TASER delivers electrical current to the subject by means of contacts contained on the device).

The optimum operating distance is between 2 - 5 metres. The maximum range is the length of the wires that carry the current and attach the probes to the device.

The only approved air cartridge for operational deployment is the silver blast door 6.4 metre field use cartridge.

Effects

The TASER relies upon physiological effects other than pain to achieve its objective. It delivers a sequence of high voltage low amperage, short duration pulses over a five-second cycle. The effects of application of the device are likely to be instantaneous incapacitation of the subject, which renders them incapable of continuing any activity. The likely result is that the subject will immediately collapse to the ground. The effect of incapacitation will only remain as long as the electrical charge is being activated. There is no known long term after effects to exposure.

Possession and legal implications

Possession

The TASER is a restricted weapon, as specified under paragraph 8 of the Arms (Restricted Weapons and Specially Dangerous Airguns) Order 1984. Police employees have statutory authority to be in possession of and carry restricted weapons in the course of their duty, by virtue of section 3 of the Arms Act 1983.

Legal implications (use of force)

The use of a TASER is a use of force and as such, its use must be reasonable, proportionate, and necessary in the circumstances. The relevant sections of the Crimes Act 1961 relating to Police use of force are:

- Section 31 (arrest by constable pursuant to statutory powers)
- Section 32 (arrest by a constable of a person believed to have committed an offence)
- Section 39 (force used in executing process or arrest)
- Section 40 (preventing escape or rescue)
- Section 41 (prevention of suicide in certain cases)
- Section 48 (self defence and defence of another)
- Section 62 (excess of force).

Accountability

Police employees are individually, criminally responsible, by virtue of section 62 of the Crimes Act 1961, for the use of any excess force during the course of their duties. They may also be subject to internal disciplinary action for any excess use of force.

Under no circumstances is the device to be applied (i.e. contact stun and/or discharge) to an uncooperative but otherwise non-aggressive person to induce compliance.

Important principle

An overriding principle guiding the use of a TASER is that it can only be used in situations within and beyond the assaultive range, as outlined in the Tactical Options Framework.

Use of TASER

Tactical Options Framework

The TASER represents an intermediate option in relation to the Tactical Options Framework. As such, a TASER is one of a number of tactical options available to you when your 'perceived cumulative assessment' of a situation is that the subject's behaviour is within or beyond the assaultive range.

Important: You must always use a TASER in accordance with:

- the Tactical Options Framework
- these instructions
- approved training.

General guidelines

When considering the use of a TASER, you must have an honest belief that the subject, by age, size, apparent physical ability, threats made, or a combination of these, is capable of carrying out the threat posed (perceived cumulative assessment). If this is the case, you may **only** apply a TASER to:

- defend yourself or others, if you fear physical injury to yourself or others, and you can not reasonably protect yourself or others less forcefully, or
- arrest an offender if you believe on reasonable grounds that the offender poses a threat of physical injury and the arrest cannot be effected less forcefully, or
- resolve an incident where a person is acting in a manner likely to physically injure themselves and the incident cannot be resolved less forcefully, or
- prevent the escape of an offender if you believe on reasonable grounds that the offender poses a threat of physical injury to any person, and the escape cannot be prevented less forcefully, or
- deter attacking animals.

Use against armed subjects

Exercise caution when you use a TASER against a subject armed with a blunt edged weapon or knife, and ensure you maintain a safe reactionary distance. You should not normally consider using a TASER against a **subject armed with a firearm**; Police firearms remain the most appropriate tactical response for such situations but circumstances may exist where the use of a TASER may be appropriate when deployed **with or in support** of conventional firearms.

Restrictions on the use of TASER

Crowd situations

As a single shot weapon, the TASER is best suited to application against individuals. This means that in crowd situations, you must consider the potential to inflame the situation before you use a TASER.

Demonstrations

The TASER must **not** be carried by constables policing demonstrations.

Flammability

Due to its design, a TASER could provide a source of ignition, as such, you must **not** use it in situations where:

- a subject has, or is believed to have, doused themselves with any accelerant
- the proximity of accelerants or flammable liquids or vapours may present a risk of ignition (e.g. clandestine labs, petrol stations, etc)
- it is believed that the subject is in possession of explosives.

Passive resistance

Always use a TASER in a manner consistent with the Tactical Options Framework and **never** against people offering only passive resistance.

Pregnant females

Except as a last resort, you should **not** use a TASER against females who are known to be, or who are believed to be, pregnant.

Elevated positions

Take great care when using a TASER on subjects who are in an elevated position. The TASER must not to be used in circumstances where a subsequent fall may result in a risk of substantial injury or death to the subject.

Water

Take special care when you use a TASER on subjects who are in or near a body of water. Do **not** use the TASER in circumstances or situations where there is a risk of the subject drowning.

Security of TASER

Storage

TASER and associated equipment must be stored in the supplied locked container within the confines of Police premises, or other such secure place, as approved by the district TASER coordinator. Additionally, these rules apply to storage:

- TASERs and associated equipment must be stored **separate** from ammunition, pyrotechnics, and flammable substances.

- TASERs must be stored in the **unload** state; that is, without air cartridges attached and with the safety engaged.
- In order to maintain the system clock, and avoid the potential for data corruption, the TASER must be regularly charged and stored with the TASER camera inserted at all times.

Records of issue and use

This table details the requirements for recording and issuing a TASER.

Stage	Description
1	An individual register, which is identified by the serial number of the TASER concerned, must be maintained for each TASER.
2	Each time a TASER is issued, the details of date, time, and member must be noted in the front of the register, along with serial number of air cartridges.
3	Each time a TASER is returned the details of date, time, and member must be noted in the front of the register, along with reasons for any deficiencies, if applicable.
4	Each time a TASER is activated by discharge, contact stun, arcing or pre operational spark testing, details of the member involved, date, time, and duration, along with the number of activations, must be logged chronologically in the rear of the register. When applicable, serial numbers of discharged air cartridges must be included in the log.

Audit of TASER registers

This table details the requirements for auditing TASER registers.

Stage	Description
1	TASER registers must be audited monthly as part of routine, station internal control checks to ensure registers have been completed correctly. Monthly audits must confirm the presence of TASER, associated equipment and account for air cartridges on issue by serial number.
2	The district TASER coordinator must ensure the download of data from district TASER is completed monthly, (both video and records or activation) updating records of individual TASERs maintained within a secure database, whilst also ensuring the internal time settings are synchronised with New Zealand Standard Time.
3	The district TASER coordinator must ensure records are audited by comparing TASER download data with the respective log contained in the TASER register.
4	The district TASER coordinator must ensure that any discrepancies between the download data and the respective log are investigated.
5	Any discrepancies between the download data and the log that remain after such investigation, unsatisfactorily resolved, must be reported to the district operations manager in the first instance and then, if still not resolved, to the district commander.

Issuing TASERs

When issued, TASERs are not to be worn or displayed as a matter of course during routine duties. They are to remain secured in the supplied locked container, within the patrol vehicle or other such location accessible to the member. TASERs will only be issued to Police employees with constabulary powers who are selected by the district commander and approved by the National Manager: Professional Standards, and who:

- hold a current NZ Police First Aid certification
- hold a current NZ Police TASER operators or instructors certification
- hold a current SSTT certification.

Pre-operational checking procedure

Follow these steps to pre-operationally check a TASER for serviceability before you commence duty and sign out a device.

Step	Action
1	Ensure the weapon is unloaded and safety is applied.
2	Using the illumination selector, select the required setting.
3	Using a safe direction, place the safety in the fire position; the device should not discharge.
4	Check that the remaining battery life on the Central Information Display exceeds 20%. **Note**: The TASER camera must be recharged if the percentage is less than 20%.
5	Pull the trigger to arc the TASER carrying out a full 5 second spark test, checking for visible spark and rapid spark rate. **Note**: Ensure the trigger finger is removed from the trigger during this process.
6	Check camera operation by placing your hand in front of the camera lens. Observe the Central Information Display screen, note the '88' flashing on screen and the intermittent pulsing of the laser sight.
7	Place safety in the "SAFE" position.
8	Utilise a safe direction and load the TASER while ensuring hands are clear of the air cartridge blast doors.
9	Secure the TASER in the authorised holster, and then the TASER holster and associated equipment in the supplied locked container.

Carrying a TASER

Assess the situation you are in

You can only carry a TASER:

- if you are qualified and trained to use a TASER
- on occasions where your perceived cumulative assessment of a situation is that it is necessary, because it is possible or likely that you (and your colleagues) may encounter a situation in or beyond the assaultive range as specified by the Tactical Options Framework. In particular, consider:
  - the type of incident you are attending
  - the location
  - the time of day
  - any other relevant information
  - your own practical experience

  to determine whether a situation that is currently sitting below the assaultive range of the Tactical Options Framework, has the potential to escalate into the assaultive range or higher and thus make it desirable for you to carry a TASER
- with the approval of your supervisor (who is of or above the level of position of sergeant) or, a Police Communications Centre supervisor (who is of or above the level of position of sergeant and has Constabulary powers).
  Note: Where it is impractical to first obtain approval, you may use your discretion to carry a TASER but you must advise your supervisor (being a constable who is of or above the level of position of sergeant) at the first reasonable opportunity.

When you carry a TASER

When you carry a TASER you must ensure that:

- it is carried in an approved holster on the non-master side of your body
- it is in the load state; that is, with the safety applied and an air cartridge fitted

- reserve air cartridges for the TASER are carried in the approved cartridge holder, or within the approved holster.

Deployment of TASER

Warnings prior to deployment and discharge

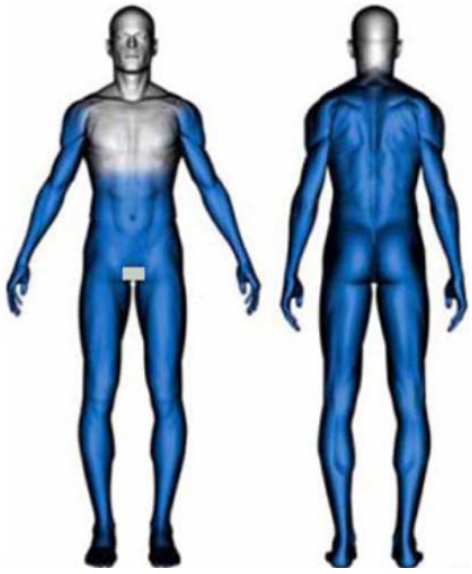
To encourage peaceful compliance and to warn others nearby, you must give a verbal warning in conjunction with the deployment of a TASER. Unless impractical or unsafe to do so give these verbal warnings.

In conjunction with	**shout:**
presentation, laser painting, and arcing	**"TASER 50 000 VOLTS"!**
discharge or contact stun	**"TASER, TASER, TASER"!**

How to deploy

A TASER may be deployed operationally to affect the required purpose in these ways.

Show Force	**Presentation**	Drawing and presenting the device at a subject as a visual deterrent, in conjunction with a verbal warning.
	Laser painting	Overlaying the laser sighting system of the TASER on a subject as a visual deterrent, in conjunction with a verbal warning. **Note**: The laser sight must not intentionally be aimed at the eyes of the subject.
	Arcing	Activating the device without an air cartridge fitted as a visual deterrent, in conjunction with a verbal warning.
Use Force	**Contact stun**	Activating the TASER with or without the air cartridge attached while the device is applied to the body of the subject, in conjunction with a verbal warning. This method utilises pain compliance. **Caution**: The head, face, neck, chest and groin area should not be deliberately targeted unless the appropriate level of force can be justified. Subsequent applications of the device should be avoided. If unavoidable, they must be reasonable, proportionate, and necessary in the circumstances. Once the subject is under control or has complied, the trigger finger should be removed from the trigger.

Use Force	**Discharge**	Application by firing two probes over a distance from an air cartridge attached to the TASER, or subsequent applications of electrical current via the probes, which are in contact with the subject after firing, in conjunction with a verbal warning. **Important**: Both probes must hit the target. This makes correct aiming and target selection critically important especially as the probes can spread over distance. The large muscle groups within the body should be the target area when discharging the TASER, particularly the large muscles in the back, or in the case of the front where possible with one probe below the belt line involving the large muscles of the pelvic triangle (avoiding the groin) or legs. **Caution**: The head, face, neck, chest and groin area should not be deliberately targeted unless the appropriate level of force can be justified. See target areas in blue in diagram below.  Subsequent applications of the device should be avoided. If unavoidable, they must be reasonable, proportionate, and necessary in the circumstances. Once the subject is under control or has complied, the trigger finger should be removed from the trigger.

Unauthorised and unintentional discharges

Causes

Unanticipated discharge of a TASER may occur through:

- operator error
- procedural fault
- mechanical failure.

Procedure

In the event of an unanticipated discharge (other than in training), the member involved in the discharge must notify their supervisor as soon as possible. Upon receiving such advice, the supervisor must follow these steps.

Step	Action
1	Preserve and photograph the scene where it is believed this may be necessary or relevant for subsequent enquiries.
2	Ensure that all evidence, including the subject TASER, discharged air cartridges, wires, probes and sufficient (4-5) Cartridge Identification Tags (CIT), are recovered from the scene and secured appropriately.
3	Investigate the incident to determine the facts surrounding the discharge.
4	Ensure the member(s) involved submits a Tactical Options Report: Unintentional discharge.
5	Ensure the member completes the details of the discharge in the log in the rear of the TASER register.
6	Submit a report outlining the incident for the information of the district TASER coordinator, prior to finishing duty seeking that the relevant evidential information is downloaded and secured as soon as practicable.

District TASER coordinator action

Upon receiving a report from a supervisor under step 6 above, the district TASER coordinator must follow these steps.

Step	Action
1	Instigate a review the facts surrounding the incident. Note: The scope and scale of the review will depend largely on the nature of the discharge and whether there was any injury or potential for injury.
2	Advise district professional standards manager of the incident.
3	Consider immediate (in consultation with district professional standards manager) whether to suspend the member involved in drawing or using a TASER.
4	Forward the subject TASER and associated evidence to the Police National Armoury for examination and report.
5	Forward the completed file to the district professional standards manager along with recommendations as to the action to be taken

Where it is established the discharge was:	Recommended action
unauthorised (the member was careless or breached procedures).	In addition to considering any criminal or disciplinary charges, consider continuing any suspension of use and or remedial training that may be necessary.
unintentional (equipment malfunction or procedural failing).	Highlight the failing and make recommendations as to the corrective action necessary to avoid reoccurrence for the information of the manager of Operations Group at PNHQ.

Unanticipated discharges during training

In the event of an unanticipated discharge whilst undertaking training, the member supervising the training must investigate the incident to determine the facts surrounding the discharge.

Where	the
it is clearly established the discharge was unauthorised (the member was careless or breached procedures) and no injury is involved,	supervisor may elect to deal with it as a remedial training issue.
the discharge involves injury or is unintentional (equipment malfunction or procedural failing),	procedure relating to unauthorised and unintentional discharges must be followed.

Aftercare

Introduction

Where a person is exposed to the application of a TASER in the operational environment, the deploying member must ensure that the individual provided with the appropriate level of aftercare and is constantly monitored until examined by a medical practitioner. Where a Police employee is exposed to TASER in a controlled training environment, the deploying instructor must ensure that the individual is appropriately monitored with aftercare being provided or facilitated if required.

First Aid

Follow normal First Aid procedures, as per your training, and take appropriate measures, including CPR, where applicable. Look for injuries, and assess and deal with them appropriately.
Caution: Seek immediate medical assistance if the subject's safety appears to be at risk at any stage.

Medical attention

A medical practitioner must examine all people who are exposed to the application of a TASER (except those people who are exposed in a controlled training environment) as soon as is practicable. Medical advice will be sought for persons who are exposed to TASER in a controlled training environment, if it is deemed desirable or necessary in the circumstances of the case.

Research suggests that persons most likely to be at greatest risk from any harmful effects of a TASER, although not attributable to the device itself, are those suffering from the effects of alcohol, drugs, who have been struggling violently or exhibiting bizarre behaviour (excited delirium). Medical attention must be provided immediately if:

- the subject does not recover within a reasonable time
- the subject complains of a medical condition
- the subject asks for medical attention
- the member is informed, or believes, that the subject has a cardiac pacemaker or other implanted medical device
- in the member's opinion, the subject appears to be suffering from a medical condition pre-existing or otherwise (e.g. exhibiting symptoms associated with excited delirium, or symptoms associated with a mental health issue).

Restraint

Where a person is subjected to the application of a TASER every effort must be made, where practicable and safe to do so, to restrain them whilst they are incapacitated by the initial cycle of the device. Subjects restrained in the prone position are at risk of induced positional asphyxia, (caused when the position of the body interferes with normal respiration). It is recommended that the subject be placed lying on their side or sitting at the earliest possible opportunity.

Members must ensure that once the subject is under control they are not left restrained, or transported restrained, in a manner in which the position of the body interferes with normal respiration (e.g. lying face down with the hands cuffed behind the back).

Reassurance

Recovery from the effects of a TASER application should be almost instantaneous. When the subject has been restrained after the application of a TASER it is important that you:

- provide verbal reassurance as to the temporary effect of the TASER application
- instruct the subject to breathe normally to aid recovery.

Probe removal

It is recommended that you remove the TASER probes with the consent of the subject at the earliest opportunity. However, if a subject insists that the TASER probes attached to their body be removed by medical personnel, then:

- leave the probes in place
- take care to minimize discomfort to the subject
- facilitate the request for medical personnel at the earliest opportunity.

It is acknowledged (and overseas research indicates) that in some situations subjects may instinctively remove probes of their own accord. Police should endeavour to appropriately restrain the subject while they are incapacitated to reduce the chance of this occurring.

Probes should only be removed by TASER qualified personnel or medical personnel in accordance with these restrictions and recommendations:

- Medical personnel should remove probes lodged in bone tissue, or located in sensitive areas such as the head, face, neck, groin, or that are difficult to remove, or in the case of female subjects, that have lodged in the breast area.
- If Police make the assessment that the probes should be removed by a medical practitioner and a subject does not want to wait for medical personnel to remove the probes, Police should do their best to persuade the subject of the need for medical personnel to remove the probes given their location, and should provide reassurance to calm the subject.
- Only female TASER qualified personnel or medical personnel can remove probes (apart from those clearly stuck only in clothing) provide aftercare, and take necessary evidential photographs of the injuries caused by the probes where the subject is a female.
- Prior to removing probes, the attached cables should be broken or cut to avoid trailing wires. Care should be taken during this process to avoid discomfort to the subject.
- Gloves must be worn during probe removal keeping in mind blood borne pathogen concerns.
- Once probes have been removed, they must be inspected to ensure the entire probe and probe barb have been removed. If a probe or probe barb has broken off (has been damaged) the subject shall be provided with the appropriate medical attention to facilitate removal of the object.
- First aid shall be provided to the subject following the removal of a probe in the form of an antiseptic wipe and an appropriate dressing being applied to the affected site.
- Removed probes shall be secured as evidence within the applicable container and stored in a sealed biohazard bag. These should be disposed of as a biohazard on file closure.

- Police should seek consent of the subject to photograph probe impact sites, and any other related injuries, for evidential purposes.

Custody

Where a person is detained in custody after the application of a TASER, endorse the relevant charge sheet to indicate that the prisoner must be:

- subject to a Health and Safety Management Plan for a Person in Custody (POL705)
- constantly monitored until examined by a medical practitioner
- monitored according to the medical practitioners advice
- issued with an information leaflet describing the TASER, its modes of operation and effects.

New Zealand Bill of Rights and caution

When the use of a TASER leads to an arrest the arresting member must ensure that the Bill of Rights and Caution are given immediately following the arrest.

The Bill of Rights and caution must then be repeated after the person has sufficiently recovered from the effects of the TASER application, and when they are capable of understanding the statement.

Any admission made while under the effects of a TASER application may result in the court determining such an admission to be unfair and inadmissible.

Post-incident procedures

Reporting

Whenever a TASER is deployed by a member against another person, other than in training, the member involved must ensure that a supervisor is notified as soon as practical. Upon notification in instances of discharge or contact stun the supervisor must:

- attend the scene as soon as possible and ensure that proper aftercare and, where applicable, any appropriate medical attention has been provided
- preserve and photograph the scene where it is believed this may be necessary or relevant for subsequent enquiries
- ensure that all evidence, including discharged air cartridges, wires, probes and sufficient (4-5) Cartridge Identification Tags (CIT), are recovered from the scene and secured appropriately
- investigate the incident to determine whether the use of the TASER was in accordance with these instructions
- ensure the member, or members, involved submits a tactical options report
- ensure the member completes the details of all instances of discharge and contact stun in the log in the rear of the TASER register
- submit a report outlining the incident for the information of the district TASER coordinator, prior to finishing duty seeking that the relevant evidential information is downloaded and secured as soon as practicable.

Upon notification in instances of presentation, laser painting or arcing the supervisor must:

- investigate the incident to determine whether the use of the TASER was in accordance with these instructions
- ensure the member, or members, involved submit a tactical options report
- ensure the member completes the details of all instances of arcing in the log in the rear of the TASER register

- submit a report outlining the incident, for the information of the district TASER coordinator, prior to finishing duty seeking that the relevant evidential information is downloaded and secured as soon as practicable.

Tactical Options Report

A tactical options report must be completed in all cases where a TASER is deployed against another person, other than in training. This includes presentation, laser painting, arcing, discharging and contact stun.

Post-incident evidential downloads

Upon notification of the deployment of a TASER, the district TASER coordinator must ensure as soon as practicable that:

- all new data since the last audit of the utilised TASER (both video and records of activation) is downloaded and added to the secure database in respect of that weapon
- relevant evidential data relating to the specific incident (both video and records of activation) within the secure database are reproduced for evidential purposes
- a master copy of the relevant evidential data relating to the specific incident is stored in a digital format on a DVD which is labelled, sealed and secured as an exhibit by way of a Police exhibit form (POL 268)
- both working and disclosure copies of the relevant evidential data relating to the specific incident are stored in a digital format on DVD are labelled and forwarded along with the file copy of the Police exhibit form (POL 268) to the officer in charge of the case.

TASER evidential download packs

TASER evidential download packs are available from stores. Each pack is shrink-wrapped and contains:

- 3 blank writable DVD
- master copy evidence seals
- master copy label (Red)
- working copy label (Blue)
- disclosure copy label (Green)
- DVD file wallet.

Post-incident information packs

Post-incident information packs are available from stores and must be accessible to all members who carry a TASER in the course of their duty. Each pack is shrink-wrapped and contains:

- guide for supervisors/operators
- Police exhibit form (POL 268)
- a large zip lock exhibit bag
- exhibit labels
- three evidence security bags
- small bio-hazard bag (for recovered probes)
- plastic container (for recovered probes)
- two pair surgical gloves (for use in removing probes)
- antiseptic wipes (for use on subject)
- adhesive dressings (for use on subject)
- information leaflet for subject
- information leaflet for medical personnel.

District TASER coordinators

Role

District commanders appoint a district TASER coordinator who is responsible for:

- effecting the download of data from district TASERs monthly, (both video and records or activation) updating records of individual TASERs maintained within a secure database, whilst also ensuring the internal time settings are synchronised with New Zealand Standard Time
- effecting the audit of records by the comparison of TASER download data with the respective log contained in the TASER register
- ensuring that any discrepancies between the download data and the respective log are investigated
- ensuring that any discrepancies between the download data and the log that remain after investigation, unsatisfactorily resolved, are reported to the district professional standards office
- effecting evidential downloads when notified of an incident as soon as reasonably practicable
- maintaining records of district TASERs, for the purpose of internal control and audit
- maintaining stocks of new TASER registers and archiving completed registers
- maintaining and distributing sufficient stocks of air cartridges within the district for use on TASERs along with records of same
- organising the return of damaged, faulty, or corrupted TASERs to the Police National Armoury for repair or replacement
- obtaining further information, where necessary, from members involved in TASER incidents, regarding TASER effectiveness, medical effects
- recommending to where appropriate emerging issues that may lead to modification of training and or policy that may be necessary.
- ensure unauthorised or unintentional discharges are investigated and reported on in line with the relevant policy.

Distribution and repair of TASER

Police National Armoury responsible

The Police National Armoury is responsible for the distribution, maintenance, and repair of TASERs, and associated equipment, as directed by the National Manager Operations.

The Police National Armoury must:

- maintain a national register detailing serial number and location of all TASERs and associated cameras owned by the New Zealand Police
- receive and quality-assess all TASERs and TASER cameras imported by the New Zealand Police, ensuring they are operationally functional and time synchronised prior to operational distribution
- conducting the download of data from TASERs, (both video and records or activation) updating records of individual TASERs maintained within a secure database prior to issue, repair or return.
- liaise with the agent for TASER New Zealand on behalf of the New Zealand Police for the purposes of repair and replacement
- maintain sufficient stocks of TASERs and TASER cameras, for distribution to district TASER coordinators to cover instances of repair or replacement
- provide technical expertise, advice and evidence surrounding the TASER technology, product specifications and capability.

Transportation, dispatch and receipt

Restricted weapons

TASERs are designated restricted weapons and air cartridges contain non-flammable pressurised nitrogen. These instructions, as regards transportation are to be adhered to.

Carriage on aircraft

TASERs and air cartridges may only be carried on aircraft according to these rules.

Carriage for administrative purposes

TASERs and associated air cartridges are not permitted in the cabin space. They may only be carried in the cargo compartment in accordance with these rules:

- unloaded state
- secured within an approved holster that prevents the safety from being disengaged or with a transit clip fitted
- securely packaged in a robust locked container
- the member shall deliver the TASER to the airline supervisor at the airport and request that it be accepted as hold stowed baggage. The airline supervisor should be requested to arrange for the member to be present when the TASER is loaded in to, and later out of, the aircraft hold.

Carriage for Police emergencies on aircraft being used exclusively by Police

TASERs and associated air cartridges may only be carried in the cabin space when authorised by the Police operation commander, with the prior authority of the aircraft operator and only in accordance with these rules:

- unloaded state
- secured within an approved holster.

However where circumstances of the operation dictate, the Police operation commander may with the authorisation of the aircraft captain, instruct members of the AOS or STG whom are deployed in circumstances that may require immediate action on deplaning to carry the TASER in:

- loaded state
- secured within an approved holster.

Dispatch and receipt

TASERs and associated air cartridges on being dispatched for delivery or repair to another location must adhere to these procedures:

- Police personnel dispatching any TASER and or air cartridges to another location must prepare a Form 32 (Receipt and Delivery Voucher) in triplicate.
- Safety precautions must be completed. No TASERs are to be dispatched in the loaded state.
- TASERs and/or air cartridges must **not** be sent through any postal service.
- TASERs and/or air cartridges must **not** be dispatched in the same packaging.
- TASERs must be addressed to the member in charge of the receiving station (not the Arms Officer or Armourer) who shall be advised of the time of dispatch and pending delivery by e-mail on Lotus Notes
- Due to the policy requirement that TASER and associated TASER cameras (power supply) must remain connected at all times, TASERs must, wherever possible, be transported by Police personnel. Where this is not practical or where urgent delivery is required, a commercial courier service may be employed.

Using a commercial courier

Where a commercial courier service is used, these rules apply:

- The original and duplicate Form 32 must accompany the TASER and or air cartiridges.
- On receipt of the TASER and or air cartridges the forms must be dealt with by the receiving agency by endorsing the duplicate Form 32 and returning it immediately to the point of origin. The original Form 32 may be filed at the point of destination.
- TASERs and air cartridges must be secured in a robust, locked container and addressed to the member in charge of the receiving station or agency (not the arms officer) who must be advised of the time of dispatch and pending delivery by e-mail on Lotus Notes.
- Where any TASER or air cartridge does not arrive at an intended destination within a reasonable time after receipt of an e-mail on Lotus Notes, the dispatching station or agency must be advised and urgent enquiries must be made to locate the overdue items.

The triplicate Form 32 must be retained, as an accounting copy, until the endorsed duplicate Form 32 is returned by the station or agency receiving the TASER and or air cartridges, whereupon the triplicate may be destroyed.

Training and certification

Staff Safety Tactical Training (SSTT) responsible

Staff Safety Tactical Training is responsible for training and certification and re-certification of TASER instructors and operators under these general rules:

- Members must complete the authorised New Zealand Police TASER certification course prior to being issued with a TASER.
- TASER initial operator training must be conducted by a NZ Police qualified TASER instructor and must consist of 8 hours mandated training.
- Operator re-certification must consist of 4 hours mandated training and must be conducted annually as part of the Staff Safety Tactical Training defensive tactics programme as determined by the National Manager: SSTT.
- TASER instructor training must be conducted by a NZ Police SSTT recognised TASER master instructor and will consist of 16 hours training for existing operators or 24 hours training for non-qualified staff.
- Instructor re-certification must be conducted triennially as determined by the National Manager: Training and Professional Development.

Appendix 5 TASER Medical Advisory Group (MAG) roles and responsibilities

The TASER Medical Advisory Group (MAG) was established by NZ Police to:

- review medical examination reports related to TASER use by New Zealand Police,
- provide a quarterly summary report outlining the review process outcome and provide advice to Police relating to medical issues or risks identified,
- provide timely advice to the New Zealand Police in relation to significant medical issues or risks identified that become apparent internationally,
- provide an annual report to the Manager: Operational Services, coordinating the medical issues and opinions from each discharge (throughout the calendar year) into a comprehensive report that addresses any emerging risks related to the discharge of TASER,
- liaise with specialist medical professionals (especially forensic pathologists) to ensure that they have an up to date and comprehensive understanding of the effects of TASER on the human anatomy,
- provide, when required, expert medical opinion at any judicial enquiry/hearing that relates to the use of TASER.

The Medical Advisory Group is to include persons able to provide relevant professional medical and forensic assistance and expert advice, and occupational medical services, and advice on these services to the NZ Police (Police National Headquarters).

Relevant spheres of advice include Police Medical Officers, mental health, emergency medicine ambulance medical services, mental health nursing, university medical and health sciences, and general practitioner medical services.

The Medical Advisory Group chairperson in relation to the operational use of TASER is responsible to:

- manage, coordinate and oversee activities of the advisory group,
- ensure the timely provision of reports and advice,
- convene meetings of the advisory group when and as the need arises,
- ensure that if personally unavailable (through illness or unforeseen event or other reason) is unable to provide the Services personally, a suitably qualified substitute is readily available to assume the roles and responsibilities of the Medical Advisory Group chairperson,
- ensure the TASER Medical Advisory Group annual report is completed and delivered to the Manager: Operational Services by the end of each calendar year,
- liaise between the New Zealand Police and the TASER Medical Advisory Group.

[1] The second version of the TOR database was launched on 1 July 2010, and continues to be used by New Zealand Police. In the second version of the TOR database, all fields where quantitative data is entered are mandatory to complete.
[2] Since 22 March 2010, when TASER was rolled-out/operationalised in all 12 Police districts, unintentional discharges of TASER must be reported in the TOR database Unintentional Discharge Report.
[3] At the time of publication current TASER policy contains the same instructions regarding the legal authority to use force.